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ABSTRACT

This Hearing concerns the rural elderly in southern Arizona. Arizona has many service programs to respond to everyday problems of the elderly. Some of these problems are unique, but others are similar to those experienced by older Americans throughout the nation. Topocs addressed include: transportation, health care services, housing, nutrition programs, community senior centers, the Older Americans Act, funding, volunteer efforts, widows' reduced incomes, and fixed incomes. Information collected will be used to develop and implement a national policy on aging. (Author/JLL)

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THE NATION'S RURAL ELDERLY

ED165049

HEARING

BEFORE THE

SPECIAL COMMITTEE ON AGING
UNITED STATES SENATE

NINETY-FIFTH CONGRESS

FIRST SESSION

PART 9—TUCSON, ARIZ.

NOVEMBER 7, 1977

U.S. DEPARTMENT OF HEALTH, EDUCATION & WELFARE
NATIONAL INSTITUTE OF EDUCATION

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Part 3. Gretna, Nebr., August 17, 1976.
Part 4. Ida Grove, Iowa, August 17, 1976.
Part 5. Sioux Falls, S. Dak., August 18, 1976.
Part 6. Rockford, Iowa, August 18, 1976.
Part 7. Denver, Colo., March 23, 1977.
Part 8. Flagstaff, Ariz., November 5, 1977.
Part 9. Tucson, Ariz., November 7, 1977.
Part 10. Terre Haute, Ind., November 11, 1977.
Part 11. Phoenix, Ariz., November 12, 1977.
Part 12. Roswell, N. Mex., November 18, 1977.
Part 13. Taos, N. Mex., November 19, 1977.
Part 14. Albuquerque, N. Mex., November 21, 1977.
Part 15. Pensacola, Fla., November 21, 1977.
Part 16. Gainesville, Fla., November 22, 1977.
Part 17. Champaign, Ill., December 13, 1977.
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THE NATION'S RURAL ELDERLY

MONDAY, NOVEMBER 7, 1977

U.S. SENATE,
SPECIAL COMMITTEE ON AGING,
Tucson, Ariz.

The committee met, pursuant to call, at 2 p.m., in the Apache through Cochise Rooms, Tucson Community Center, Hon. Dennis DeConcini presiding.

Present: Senator DeConcini and Congressman Morris K. Udall.

Also present: Lois Pfau, legislative assistant to Senator DeConcini; Deborah K. Kilmer, professional staff member; Tony Arroys, minority professional staff member; and Marjorie J. Finney, assistant clerk.

OPENING STATEMENT BY SENATOR DENNIS DeCONCINI, PRESIDING

Senator DECONCINI. Good morning.

Today the Senate Committee on Aging continues its hearing on "The Nation's Rural Elderly." This committee has already visited Iowa, South Dakota, Nebraska, and Colorado to hear about the needs of the rural aged. I am very glad that the committee has also been able to come to Tucson and to other communities in Arizona.

There are approximately 338,900 elderly Arizonians—persons over 60 years of age. About 25 percent of these individuals live in rural areas. Nationwide, about 27 percent of the elderly live in rural areas. You can see that Arizona has reason to take a special look at the needs of its elderly who live in the nonmetropolitan areas.

Arizona has many service programs to respond to the elderly's everyday problems. Some of these problems are unique, but others are very similar to those experienced by older Americans throughout our Nation.

For example, the committee has heard accounts from every State about the transportation difficulties, especially in the nonmetropolitan areas. Some counties have only one small bus or van to serve the elderly. This may result in only one trip a week for senior citizens in some communities. Many senior citizens wait for several months to travel to the drugstore, the grocery store, and their doctors.

Speaking of doctors, the committee has found that their numbers are declining markedly in the rural areas. Older Americans must travel farther and farther to obtain medical care, since about 138 rural counties in America have no doctors whatsoever. This represents about a 40-percent increase compared with the number of counties without doctors in the sixties.

SHORTAGE OF HEALTH CARE PERSONNEL

I know that this situation is comparable to the scarcity of health care personnel in Greenlee, Cochise, and Gila counties and even areas of Pima County. I hope to explore this issue here today with many of the witnesses.

Housing is another major problem for the rural aged. They often find it difficult to maintain their homes because of limited income or failing health. Housing is also very expensive to build in rural areas. Rural areas have the highest percentage of substandard housing in America, yet they are usually at or near the bottom of the list of applicants for elderly housing funds.

Although some services for the elderly are decreasing in some areas, there are others which are increasing in rural communities.

Nutrition programs, for example, are growing throughout every State. These programs not only provide a nutritious meals, but also an opportunity to meet and talk with others. Here in Arizona we have 81 sites spread throughout every county. I know that many of you here today participate in your community's program. I look forward to hearing about each such program.

I also know that many of you here today are very active in your community's senior center. We at the committee are well aware that senior citizen centers can provide a wide range of services for older Americans at convenient locations.

Senior centers have benefited from State and local funds, title V of the Older Americans Act, and community development funds as well. But some of the greatest support has come from the senior citizens themselves, their volunteer efforts in raising funds through bake sales, raffles, auctions, and just the time spent in organization is immense. I know that many of you here are becoming experts at raising funds for your centers. I want to hear about these successful ventures.

I want to limit my remarks because I have come here to listen to you in southern Arizona and find out about your programs.

I want to thank the chairman of our committee, Senator Church of Idaho, for instituting these hearings, and Senator Domenici, the ranking Republican on the committee, for his dedication and time.

I want to take a moment to introduce Tony Arroyos, to my left, who is with the committee and a representative of Senator Domenici; Debby Kilmer, from the staff also; and Lois Pfau, on my left, from my staff.

Our first witness is an old friend of mine and a very dear person who is deeply involved. We are very glad to have Catherine Steinhauser Knowles, president of the Arizona Council of Senior Citizens.

Catherine, you may give your statement at this time.

STATEMENT OF CATHERINE STEINHAUSER KNOWLES, TUCSON, ARIZ., PRESIDENT, ARIZONA COUNCIL OF SENIOR CITIZENS

Mrs. STEINHAUSER KNOWLES. I am going to have to correct the Senator. I am not here as a witness. I am here to welcome the committee.

Good afternoon. I am Catherine Steinhauser Knowles, president of the Arizona Council for Senior Citizens.

Today another giant step is being taken. For the first time in the history of the State, the Special Committee on Aging of the U.S. Senate has come to the older person of Arizona to hear firsthand of their needs, especially those in a rural area.

This year at our senior summit, June 23 and June 24, at Yavapai College in Prescott, over 500 delegates from all 14 counties and several Indian tribes met and set their legislative priorities for the coming year. It will go into detail as I have a copy of the senior summit proceedings for the committee.

Now, to my peers in the audience, you started to design your future at the senior summit. Today, before this committee, you have an opportunity to strengthen and implement your design for the future.

On several occasions I have had the pleasure of introducing Senator DeConcini, but today is a unique occasion as he is not here as a Senator from Arizona, but he is here to chair the meeting of the U.S. Senate Special Committee on Aging, our own Senator DeConcini.

Senator DeConcini. Thank you, Catherine. If that was not good testimony, I don't know what is. I appreciate it.

Our next witness is someone who has been involved in this community for a long time, Marian Lupu, director of Pima County Council on Aging.

Marian, we are very pleased to have you.

STATEMENT OF MARIAN LUPU, DIRECTOR, PIMA COUNCIL ON AGING, TUCSON, ARIZ.

Mrs. Lupu. Thank you very much. As you know, I am the director of the Pima County area agency on aging, which is known as the Pima Council on Aging, covering both a rural and urban area of approximately 9,040 square miles.

I am particularly pleased to be here today at a hearing of the Senate Special Committee on Aging to offer testimony related to the needs of the rural elderly. It gives us an opportunity to discuss matters of national importance and in a local setting. I will be keeping in mind what Catherine said; I hope most of the other speakers today also will keep in mind that our need is to discuss our local experience from a perspective of how it can have national importance.

Today gives me an additional opportunity to repeat my favorite theme. We already know much about the needs of elderly persons and have a clear idea of what we ought to be doing for them, but we can't find the payor or paying mechanism.

I am glad you are here, Senator, so we can say that again.

This does not mean to connote that this hearing is superfluous in any way, but it does mean that we must not allow ourselves to be satisfied with gathering data from people. We must be sure that we are continually taking action on information we have while we are learning and trying to put into practice the ideal and ideas we have been verbalizing for some time.

The Older Americans Act of 1965, with its later amendments, gave us new opportunities to serve elderly people more effectively, but in many ways we have not been able to accomplish the goals of the act as quickly or as completely as many had hoped. Its promise is still unrealized since the resources to make action possible have been

extremely limited, although in the past few years they have been increased. The idea that Older Americans Act money would be used as a catalyst to encourage communities and agencies to venture into more imaginative responses to serve the needs of the elderly has resulted in a concentration of activity in those areas where the potential for demonstration programs and matching money was increased. Particularly when these programs have a 3-year life and are to be maintained or continued by another funding source, the places where these programs have been established are those with the concentrations of populations and social agencies, the cities. In other words, the rural have not had their fair share.

Commendable Leadership

However, locally in Pima County, the Pima County government itself—the board of supervisors—has shown commendable leadership in the provision of alternative modes of health care delivery to the aged. The county staff and the board of supervisors who are sensitive to the importance of helping older citizens maintain their independence and dignity have set an example of cooperation with the local area agency on aging and private and public service providers that, as you know, has gained national attention.

We have been one of the few communities in the country to capture even a minimal portion of the title XX money on behalf of services for older people. Despite the problems of the title XX act, and I am sure you will hear about them excessively here today, title XX has brought us services.

Pima County is also, however, recognized as the Tucson standard metropolitan statistical area—or SMSA. By far the majority of the county's population lives in Tucson and receives the majority of county services there. As a consequence, certain HUD money which was designated for rural areas has never been available to this county because of the SMSA urban designation, despite the great lack of housing for retired people in Ajo and Marana. Without Federal assistance, and specifically, housing funds designated for the rural areas, the low tax based areas cannot meet the needs of their residents.

A concentration of services where people are concentrated can be defended easily. Not only are more individuals able to be directly served by virtue of their living within a convenient radius for service delivery, but the cost of a unit of service can be kept at a lower level by virtue of economies of scale. This argument, however logical and economically sound, fails to take into consideration the individual needs of the county residents whose home and site of earlier productivity happens to be located in a rural area—in such places as Sahuarita, Ajo, and Marana.

Fair Share Not Received

Earlier today some of us visited Marana and saw that the needs of older persons there are no less acute than those of Tucsonans. The residents of Marana, Ajo, and Sahuarita have not been ignored in Pima County's valiant effort to improve services to the aged, but they have not received their fair share of the various programs being

initiated in a conscientious effort to help older people have decent homes, adequate health care, and personal dignity, preferably within a setting where a maximum of independence can be maintained.

We must recognize that there will be additional costs for extending services now primarily associated with urban areas to those whose homes are in the widely dispersed rural portions of this county and in counties all across the Nation. You have already said it, transportation must be made available, both transportation of professional and support services to the elderly and transportation of the rural elderly to locations where certain types of institutional services must necessarily be concentrated.

Some services must be dispersed more widely, adult day care centers, nutrition and recreation services, health maintenance clinics, and the delivery mode of some services must be modified. We recognize that while rural communities rarely have the sophisticated network of social agencies we have come to view as the delivery system for the kinds of support we are discussing, less populated centers often have well-established informal systems of interpersonal responsibility, perhaps at best one neighbor caring for another.

We need to look at the particular strengths and weaknesses of each individual community, to build upon those strengths and to brace up the weaknesses. Where Federal guidelines and standards established for cities and urban professionals obviously cannot be met, our task should be to discover how essential services can realistically be made available—guaranteeing an acceptable level of care, of housing, of mental and physical health, personal dignity, but not insisting on adherence to regulations established in and for a totally different urban setting. Perhaps this is the place to go with our alternative health care professionals who are other than the trained M.D. Perhaps this is where we ought to have more geriatric nurse practitioners and other alternative health care professionals.

"Aging Process . . . Affects All"

We need to look at the whole person and his individual priorities. To quote from a statement by Robert Benedict, commissioner, office for the aging, Pennsylvania Department of Public Welfare, at a hearing of the House Select Committee on Aging. "The basic aging process shows no difference to race, color, creed, sex, or social status." Although I am quoting, I would add also geography. "Sooner or later," resuming the quote again, "it affects us all. Within each community we must assure that the services are available to all who need such services."

We need to stop magnifying the differences of geography and of income and the arbitrary barriers imposed by artificial constraints and begin to develop services so that every community, whether it be urban or rural, can have the flexibility of local variations in its delivery of services to older Americans who have need of them.

This task is one that American knowhow can accomplish. When it is done, access to needed services to needy aged will be no more remote than access to schools or any of the other necessities of life we have all come to take for granted as our right.

23-716—78——2

We know what is needed. Please help us to get on with the job of providing it for all of our communities since many of the problems are so massive they cannot be addressed locally.

Thank you for this opportunity.

Senator DECONCINI. Marian, thank you.

I have some questions I would address to you.

Congressman Udall has joined us. He has been extremely interested and involved on the House side. He has some time to share and listen to the experiences and testimony. I will turn it over to Mo if he cares to make a statement.

STATEMENT BY CONGRESSMAN MORRIS K. UDALL, SECOND CONGRESSIONAL DISTRICT OF ARIZONA

Congressman UDALL. Thank you, Senator DeConcini.

There is a feeling around the country, I think, that the Government is remote, the Government doesn't care, the Government can't do much for people anyway so why worry about it. I think it is a wonderful thing that Senator DeConcini has sought and received assignment to this really great Special Committee on the Aging that Senator Church of Idaho has done so much to bring to the fore in our country. I am just delighted that a U.S. Senator would take the time here in southern Arizona today to hear from all of you and to get some real input on this important range of questions.

Will Rogers once said, "Everybody is ignorant, just on different subjects." I think that applies to all of us. The panel I see here at the table includes many old friends who have worked in Pima County, Cochise, Pinal, and given love and devotion and care and concern to the problems of the elderly. All of them can teach me, and I am sure Senator DeConcini would agree they could teach him a lot of things that we who make these laws and appropriate the money in Washington ought to know about. I have a long and brilliant five-page statement that my staff has put together for me, but I am not going to read it. I am simply going to ask that this be made a part of the record of this hearing so that we can have more time for the people that are gathered here today.

RURAL PROBLEMS COMPOUNDED

I want to say that the rural elderly people or the senior citizens are the ones who have the greatest set of problems, the most difficult set of problems. It is really appropriate that Senator DeConcini is focusing on the problems of the Nation's rural elderly people. In the cities, yes, there is the same range of problems—health, lack of public transportation, inadequate income maintenance programs, inadequate housing programs—but in the backwaters of America, the rural areas, all of these seem to be compounded somehow. It is good and proper and very important that we focus in these hearings on that range of problems.

I am delighted to be with you for the next hour or so. Maybe I will think of a question or two to ask. Mostly I want to listen to the people that Senator DeConcini has here today on the panel.

Thank you very much.

Senator DeConcini. Thank you, Congressman, very much. Your statement will be in the record at this time in toto. We appreciate your statement and your taking the time from your busy schedule.

[The statement follows:]

STATEMENT OF CONGRESSMAN MORRIS K. UDALL

I was pleased to be asked by Senator DeConcini to join him for hearings on subject of special concern to Arizona Representatives. Since I don't serve on a committee with special jurisdiction in the field of aging, I am here to listen and learn how I might best help. My office has been actively involved with local governments and organizations in seeking Federal grants for various projects dealing with the elderly. I see some representatives of these groups with whom we work. Hope to do more in coordinating activities to benefit elderly, especially those in rural areas, in southern Arizona.

PROBLEMS

In preparing for this hearing I've learned that the major problems of senior citizens are essentially the same all over the country, that they are somewhat more acute for the rural elderly who have special needs which are largely unmet, and that all these problems are multiplied in Arizona.

The vast majority of elderly citizens and elderly poor live in rural and nonurban areas, victims of the exodus to the cities over the last 30 years in America. They have been left behind to live with unemployment and underemployment, which results in little or no social security retirement coverage; inadequate local services in communities with diminishing tax bases whose officials lack the grantsmanship techniques of big city mayors, ever more unable to meet the critical needs of low-income, isolated citizens, yet continually overlooked and underfinanced by agencies in Washington who practiced what can only be described as benign neglect, or worse.

We now see, in an ever-changing society, a trend away from the cities, with shifting population patterns to rural and smalltown America, a back-to-the-land movement. While this trend has aroused considerable interest, especially by the Federal Government, in rural America with its unique benefits and drawbacks, it also has increased the pressures on precious and limited local resources to meet the demands of a growing population.

Hearings such as this, complemented by others around the country and in Washington, provide a valuable forum where we who pass laws and work with Federal agencies in implementing programs really can see the fruits of our work, some of it bad and some good. There has been a great flurry of activity in recent years, prompted in part by the population shifts I've mentioned and by a heightened awareness that we have a responsibility as the richest nation in the world to provide more than a subsistence existence—to provide an existence with dignity and meaning—for the ever higher numbers of elderly citizens living in our country. The goals to this end have been grand, but the results, as I'm sure we'll learn, have been less than spectacular.

I've been struck by a familiar litany recited by people in the field and in Washington of what they perceive to be the leading problems of the elderly, both urban and rural. They all have focused on four specific areas: (1) Lack of public transportation, a critical factor in isolated communities and farm areas; (2) low income and inadequate income maintenance programs; (3) a deplorable unavailability of necessary health care with few doctors and medical facilities, limited home health services and alternative to nursing home care, and improper nutrition; and, (4) substandard and inadequate housing. We'll be learning today details of these problems and others as they relate to rural southern Arizona. I hope too that we'll hear about older women and minorities who are particularly vulnerable to deprivation.

As I noted earlier, I believe we will find that the situation is exacerbated in Arizona by our unfortunate singular status as the only State without medicaid, which in turn places extreme burdens on already limited funds and resources. And the basic national and statewide issues of inflation, energy supplies and costs, environmental concerns, and water also have an even greater impact on our senior citizens.

FEDERAL RESPONSE

As you know, we now have at the Federal level a multitude of programs designed to cope with the needs of the elderly. Yet these programs are more often than not poorly administered, with conflicting regulations and overlapping jurisdictions, severely underfinanced, and ignorant of local needs. But the House and Senate Aging Committees have I believe, undertaken to make some improvements in the system and it is a special boon to our State to have Senator DeConcini serving on the Senate committee. You have a great champion as well on the House side in Chairman Claude Pepper who has pushed through many improvements and will continue to do so.

You've heard a great deal in recent weeks about the social security system and the Congress is in the process of enacting legislation which will shore up the system and reinvigorate the trust fund for the years ahead. While there have been a lot of scare stories published, the fact is that the system will be restored to a viable and sound basis. Perhaps there has been some confusion about recent action to raise the mandatory retirement age and its possible effect on social security retirement benefits. The fact is that there is no connection in the sense that social security recipients may still retire when they choose with the same level of benefits, while those who wish to continue working until age 70 may do so. And you may be assured that the Congress will not increase the age limit, as some have suggested, for social security purposes.

Other action taken by Congress this year removed the purchase requirement for food stamps so that precious dollars of fixed and limited incomes need not be spent for them, and they will go to those most in distress.

In the next session of this Congress, we will be working to amend and extend the Older Americans Act, and expand coverage and benefits for social security recipients. Your input into this effort will be extremely important. I have cosponsored with Chairman Pepper and others numerous bills to amend these acts in order to increase funding and programs for home health services, senior centers, community-care centers, legal assitance for the elderly, housing aid, and nursing home improvement. Vitally important too are efforts to provide grants and tax credits for fuel costs and home weatherization. We need to channel a bigger portion of the Federal transportation dollar into systems and projects that will benefit the elderly.

It is also vital that we begin to move on comprehensive welfare reform, which will streamline the system and relieve some of the financial and administrative burdens on the States. And we must enact national health insurance so that every American, regardless of age or income, will receive decent, necessary health care. Our record in these areas has been abominable and it is our duty to reverse the neglectful patterns of the past.

Again, let me say how pleased I am to have this opportunity to hear first hand from some of those who provide services to the elderly and those who receive them about the problems you face day in and day out. We who represent you in Washington cannot begin to devise solutions without your ideas and your knowledge of what these solutions should be and how they should work. The knowledge we gain from hearings like this will be very useful in directing our efforts to assist you both with Federal agencies and in the legislative process.

Senator DECONCINI. Marian, let me address a couple of questions to you regarding the allocation procedures. We have heard a lot of criticism as to the State allocations of the funds under the Older Americans Act. What do you think the formula should be on the State level?

Mrs. LUPU. I believe the formula at the State level should be the same as it is on the national level with certain additional kinds of points added in. There should be a factor, I think, for distance. There should be an additional factor for increased costs. There should be a factor for minorities and elderly aged. When it is so, it ought to be reimbursed to the community which it receives. In trying to keep this into a national context, let me give you, for example, a typical problem of Illinois where although 50 percent of the poor minority elderly

live in one of the area agency on aging, they only receive 20 percent of the State allocation. I am saying you figure to the State a factor based on the minorities and poor, but it doesn't always get designated down to the community who gets it. I think unquestionably all of us in the rural States feel that we should have something based on distance.

Senator DECONCINI. Certainly that would be different in States like Delaware or some of the New England States and their rural areas based on distance. I appreciate that effort.

You mentioned the seed money, the 3-year limitation of title III money. That restriction appears in the regulations, as you know, and there is an effort now to have that removed. I hope that that problem can be solved for the future.

LOCAL COMMUNITIES NEED TO BE ENTICED

Mrs. LUPU. Except that the Older Americans Act concept is really based on an erroneous concept that local communities, even though they don't have an adequate taxing base, need to be enticed into this program, that somehow some magic formula will keep these massive problems of transportation, housing, income, maintenance and needed home health care and programs operating on that very limited taxing basis. Even though there isn't a 3-year limitation in all communities, that does depend on the State and a State's interpretation, and it also does depend on the philosophy of the act itself, which is to have Older Americans Act money act as a catalyst or a way of bringing additional moneys together.

Senator DECONCINI. The reference you made to reimbursement for services by nurse practitioners, there is a bill, S. 708—and probably one in the House, too—introduced by Senator Clark and myself as a cosponsor, that would amend the medicare regulations. I am optimistic that next year we might get some action on that bill.

Congressman, do you have any questions?

Congressman UDALL. No. I always learn from Marian. I try not to take her time unnecessarily. She is an incredibly valuable person in this community and I have worked very closely with her over the years.

Maybe I will ask a question.

A lot of these Federal programs that we have had in different areas have been designed to try to utilize the good will and the spirit of volunteerism that is in Americans traditionally. I think if there is one thing that I have thought about in the Older Americans Act, as I have watched it in action around the country in senior citizens centers in the different kinds of programs, is that this perhaps more than any other of the programs we have had, with the possible exception of the Peace Corps, is designed to get more volunteers, more free help, more involvement of the people concerned than almost any other. I think if we ever lose that we will have lost something very precious. In my judgment, Senator DeConcini, dollar for dollar you get more good for people, more caring, more help, more assistance out of the Older Americans Act than almost any other program I have ever seen. My question is, is there anything in the regulations or the law

now that restricts or discourages volunteerism and participation, the outpouring of concerns for your fellow human beings that has made this program so successful?

Mrs. LUPU. No. That and the action program tend to augment that. I want to challenge your statement, Senator, or Mr. Udall.

Congressman UDALL. All right.

OUTPOURING OF VOLUNTEERISM

Mrs. LUPU. I think that older Americans who have built this country ought to receive first-class services delivered in a first-class kind of way. I think that when we deliver services to banks and we offer some incentives to the banking industry, when we deliver incentives to the shipbuilding industry, we don't ask for that same volunteerism to occur from their neighbors, from other bankers. I am saying that I think the goodness of this America and this kind of outpouring that I address that occurs in rural communities, I call all of Tucson a rural community, really. If you really look at us and the way we deal with each other, we are a rural community. We know each other, are close to each other, even though we are spread apart, we are a rural community in all of our country, other than the kind of impersonalism that occurs in New York and Chicago and some of the larger cities. I think you will have that goodwill, you will have that sharing, you have had volunteerism, but we don't need to develop the Older Americans Act on the basis of delivery of services in that kind of way. We can't help the farmers and their poor crops that we saw today as we drove out to Marana by asking other farmers to help them. We are asking the old and the debilitated and those with very few resources very often to help each other, I think it is time to look at another mechanism. I am sorry to answer in such a challenging way.

Congressman UDALL. No. I came here to learn and I always learn from you. Thank you.

Senator DECONCINI. Let me just pursue that a little bit, Marian, because I want to be sure that I understand it. You are not suggesting that there should not be continued emphasis on getting the elderly citizens to involve themselves in these programs by any means, are you?

Mrs. LUPU. No way. I am just saying that the concept that this program requires and that we very often look to put a band-aid onto a very major problem by asking a community to take care of the issue. I am saying we don't do that in other national programs and let's not do that in services for the elderly. I think we need to have that kind of stimulus for older people to involve themselves in the plans and to become a major part of their community. I think they are there and they are not going to let you wrest it away from them no matter how you have tried. I know. I sit on the other end of that telephone all day and hear it.

Senator DECONCINI. It has been my observation that, as the Congressman said, one of the strengths of the program is the fact that many elderly Americans are willing and they have great talents to come forward with a great deal of effort and many innovative approaches to solve somebody's problems. I don't dispute with you that

the shipping industry and the bankers and other special interest groups are not required to have more involvement. Perhaps they should. I would hate to see us get away from an encouragement of having the talents that I think rest with the senior citizens of our country.

Federal Support Needed

Mrs. Lupu. I may be miscommunicating what I am trying to stress. I think that we can't solve a major problem, particularly for the future, particularly in something like the delivery of home health services, with a band-aid approach of neighborliness, that in no way is my statement meant to do anything but to continue to encourage older people to act as positively as they can. What I am saying is that we need to have an increase in Federal support for local services for the aged when local units of government or when local communities do not have the base on which to raise their money.

Senator DeConcini. To meet those needs.

Mrs. Lupu. That is right. Very often little communities just can't get it together. They haven't got the wherewithal. It is not out of lack of will.

Senator DeConcini. Thank you, Marian, very much.

Mr. Arroyos, do you have any questions.

Mr. Arroyos. You mentioned health care. I want to know what priorities you see in the health care area. Are we talking about institutionalized care or home health care? What priorities are we talking about in health care?

Mrs. Lupu. You would ask me that. This is a community that believes in a continuum of care, that each person has his own needs for what is the priority of the moment. The person who needs oxygen in order to get his next breath, that is his priority. The person who needs the immediate heart-saving surgery, that is his priority. In terms of the vast numbers of older people, however, greater effort does have to be an attainment mechanism for home delivered services and for home health care, but there has to be a continuum of support on each side of that. Without the transportation to the institutionalized services, that person very often can't be maintained in his own home. We can't ask for a single priority. We have to ask for a continuum of care with a much greater Federal emphasis on mechanisms for delivering other than institutional services.

Senator DeConcini. Thank you, Marian. Our next witness is Gloria Dulgov, director of the senior now generation program in Tucson, Ariz.

Welcome.

STATEMENT OF GLORIA DULGOV, DIRECTOR, SENIOR NOW GENERATION PROGRAM, TUCSON, ARIZ.

Ms. Dulgov. Thank you.

The word rural signifies a lifestyle in the country. This may sound very glamorous to many people, but as one grows older and reaches the golden years, it can become unglamorous. One can no longer drive

due to physical limitation. Health services may not be readily available. Families separate and most of all distances become far greater. These unglamorous situations also apply to the urban areas. People have the same basic needs whether they reside in an urban or rural environment.

The most important basic need is transportation. Transportation is the lifeline of our society. Without it we would be isolated with no accessibility to outside resources and human contact.

The four designated rural areas of Pima County, Catalina, Marana, Green Valley, and Ajo, do not have any public transportation systems. The lack of any transportation has placed untold hardships on the older adults. It is not necessary to provide graphic descriptions of what can occur when transportation systems are not available. We are all aware of the negative end results of total isolation and deprivation.

One thing Pima County does have is that we are inundated with transportation planning moneys. We have a lot of this from a lot of Federal sources for a long time. How long can you keep on planning? We don't need the planning money. We need the direct action and the services. What we need in the rural areas are vehicles where we can begin a system of transportation. We want and need those vehicles, the money for the drivers, the insurance moneys and full-service maintenance moneys of these vehicles. From physical collection of statistical data, we know that if we had a total of six vehicles immediately in the four rural areas, we could provide daily services to and from senior centers, shopping assistance, medical appointments, escort service and also develop a transportation system to bring people into the metropolitan area especially for medical and health services.

Preventive Health Services

The second basic need for the areas is preventive health services. By preventive, we specifically need a health screening unit that can go out once or twice a month at this point to the rural areas and do blood pressure, glaucoma and other eye tests, diabetes tests, cancer detection, hearing tests, podiatry care. I can go on and on with a list of others. In providing these types of preventive medical care on an ongoing basis, we lower the odds that people will be faced with health care conditions that require extended and recurrent periods of hospitalization which result in the high cost of hospital care.

The third basic need is adequate housing for the elderly. In the rural areas, very little, if any, subsidized housing under section 8 is available. Many elderly cannot maintain their own homes any longer both physically and financially. They need to move into smaller quarters. The building of units, especially in Ajo and Marana, would enable them to live in their own environment as long as possible with a variety of supportive community services.

Another form of service for housing would be home repair and modification of the elderly person's existing house. Some elderly may not want the opportunity or choice to leave their homes. Currently we provide a variety of services in our continuum of care in Pima County. The majority of these services are more readily available in the metropolitan areas. In the rural area, the focal point for service revolves

somewhat around a senior multiservice center. Senior centers cannot be all things to all people. We need the basic services of transportation, housing, and preventive health screening.

In our marriage between and amongst the county, State, Federal governmental bodies, and community service agencies, we can begin to provide these basic needs. With the assistance of the Federal Government, we can receive the necessary money to offer the transportation, to have the preventive health care, and adequate housing to rural Pima County citizens. Our elderly have given so much to us. Now we ask for you to give to them.

Thank you.

Senator DECONCINI. Thank you, Gloria, very much.

The committee constantly hears about communities that are unable to receive assistance under the Older Americans Act because of the lack of local matching share. Is this true in the area that you are speaking about now?

TITLE VII FUNDING

Ms. DULGOV. Not with title VII. We have been able to get the share. The reason for that is it is based on a donation basis because there is that money coming in plus the community, the city, the county, is being very supportive and in kind.

Senator DECONCINI. Thank you.

Congressman, do you have any questions?

Congressman UDALL. I want to first commend Ms. Dulgov for the program that she has been involved in here. I think it is among the very best and has been a source of pride to me that I could help with some of the clearances of paperwork and funding over the years.

Let me ask you one question about title VII, the nutrition title, and your outreach program. I know the program has been criticized in many areas because it doesn't reach into the rural areas, the meals for senior citizens program. Is this a problem here? What do you do? Could you comment on this?

Ms. DULGOV. In some instances I will have to say that it is true. It is lack of staff and there is another thing that I have noticed and it is a lack of entity on the part of the people themselves for each other in a lot of these areas. They have been isolated for a long time and it is hard to get them in and get them involved. We do see this as a serious problem.

Congressman UDALL. Thank you.

Senator DECONCINI. Thank you, Gloria. It is very helpful. I applaud you for your continued work in this area.

Our next witness is Stewart Grabel, the director of the Cochise senior nutrition project in Douglas, Ariz.

Mr. Grabel, thank you for traveling the distance you have in joining us today.

STATEMENT OF STEWART GRABEL, DIRECTOR, COCHISE SENIOR NUTRITION PROJECT, DOUGLAS, ARIZ.

Mr. GRABEL. I had to come through snow in Bisbee.

Senator DECONCINI. Is that right?

Mr. GRABEL. I would like to thank you for having me here.

I would like to pick up on something that Gloria was bringing out. Our program serves six communities in Cochise County—Bisbee, Douglas, Sierra Vista, Tombstone, Willcox, and Benson. The largest community is 20,000 and the smallest is 1,200. They are separated by a minimum of 25 miles of desert. In addition to those communities, we deliver some home delivered meals to two others, the community of Huachuca City, and we drop off some to the community of St. David, which is not even incorporated. We have trouble with our title VII project being called a Federal project. We have evaluated our expenses and our donations and we find that 88 cents out of approximately $2 that we spend comes from local money. We have been successful in getting contributions from our participants. We have been successful in getting contributions from all the communities which we serve. We have gotten contributions from service organizations in our communities.

The problem is that there are still many more people out who want the meals. The title VII program is perhaps the most successful social service program of its kind. It is a program that puts the money where it is needed. It puts the money into services for senior citizens. It puts emphasis on volunteers. I would say that it would probably double our budget if we had to pay all of our volunteers.

The problems are that in rural communities you need still some expertise to pull this together. I don't think that any single community in Cochise County could alone meet the criteria and provide the services needed in order to apply for and receive the grants that we have been able to get by having the central office and providing the grant writing and the expertise necessary for the various communities. None of the communities by themselves could do it.

Service Providers Hard To Find

We also have a basic problem in rural areas with the lack of service providers. We find that we have local governments and we have councils on aging, which are supposed to be primarily advocacy groups to represent the aging points of view independently, we have area agencies on aging which are designed to plan and distribute funds. Yet my project, which has been tremendously successful had to look for 2 months prior to my being hired 3 years ago to find a sponsor. The sponsor that was found is the St. Vincent DePaul Society of a small church in Douglas. They are made up of about five or six blue-collar working type gentlemen, Mexican-Americans, who lent their name to this project. Otherwise we wouldn't have a program in Cochise County. It took 2 months to find anyone. The question is now that the project is countywide, why is the only agency that is sponsoring it made up of one small community? Well, there are no region or countywide service providers who are eligible for the projects.

I would suggest, if one of the purposes of this hearing is to suggest possibilities, I would suggest, especially in rural areas that don't have a central municipality such as Pima County in Tucson, that the area agencies either be allowed to provide the services directly, and that would be an organization that would have the authority and the expertise necessary to go for funding, or that the money that goes to the area agencies be used to provide a direct funded organization.

I know that the next speaker is going to speak about that because she has already done that. I am going to leave that there for a moment.

The next thing is that I would like to offer a possible solution for rural transportation that we had that worked for a time and was then not funded because it didn't meet Federal guidelines. We had a retired senior volunteer program under which the volunteers would be reimbursed mileage to transport other seniors to and from necessary programs, medical care all the way up to Tucson because that is the nearest complete medical service available in our region. It worked splendidly. The people who were volunteering enjoyed it as long as they got their coverage, but there were two basic problems. One, the RSVP program guidelines do not include funds for that. There are only funds for the volunteer from his house to the point, the volunteer station. The second problem is with insurance. The senior citizens who got the 10 or 15 cents a mile, depending on what point we did it, could not afford the extra insurance that it would take and the 15 cents per mile would not cover the increase if you are going to transport people regularly. So insurance is one of the problems that we have had.

I have got to agree with the previous speakers on almost everything that they have said. The problem with match is not that great; once you can show the community what you are doing, but the question is do you want this match to substitute for the Federal money, and when we lose the money, have to diminish our services or do we want to use the match to be able to increase and expand our services. If at the end of 3 years you remove the Federal money, even if we do have the match we are going to be right back where we started with inflation. If you allow us to use that added match for extra services, for additional services, then we have got something that is workable and something that the community will readily see.

Expanding Existing Programs

There are two things that a community asks when I go before them and ask for funding for a program for senior citizens. The first is will any of this money be used outside the jurisdiction of this community? I try and assure them that the administrative costs will be funded through the Federal moneys and that the local grants will be used locally. The second question that I am always asked is will we have to pick this up at the end of 2 years and will we be the bad guys if we don't? If they are going to be the bad guys at the end, they won't do it. They won't contribute the money if it will mean that at the end of 3 years there are going to be less service. They will contribute if they can understand that they are augmenting another program. If they are expanding an existing program, they are more than willing.

Our local county has given us all the money that we need for our title XX grant. We in the last 3 years, we have gone from serving an average of 110 meals to serving 381 meals a day, 387, excuse me. We did that for them by looking for grants, by getting money from every municipality we go into and from the county. These things could not be done if each community were isolated and each community were left to fend for itself.

The last thing that I would like to address is home delivered meals. Well, next to the last thing. In rural communities where we work, we

find that there are many more homebound elderly than statistics would have us to believe. We find that in an area where one neighbor cares for another, as Marian said previously, we can find the isolated elderly much more easily. We constantly have neighbors calling in. We constantly have people calling in. As of right now, we have picked up most of these home delivery people under our title XX grant, leaving our title VII grant free to specialize in congregate meals. However, we are running out of money in this. We just keep finding more and more people and each one is homebound. I don't know whether it is because—well, there are some communities that don't even have congregate meals programs and they couldn't support one because of the size of their population, yet two or three or four people need a home delivered meal. We have tried to do this, but we don't have funding to do all that we would like.

We have three communities who are asking us right now for the meals program that we can't provide service to. We can't provide service to Sunizona or Sunsities, the Elfrida and McNeal areas have asked for a program. Huachuca City, where we deliver some home meals, wants a congregate program and we don't have the funding to do this.

Project Costs Going Up

The final point I would like to make concerns the increase in the Federal minimum wage, which I consider a great idea. I have been a union person all my life so I favor it. On the other hand, it is going to cost my project in this coming year an extra $5,000. When the total increase goes in, it will be an increase of $24,000. Our total title VII grant so far is $65,000. It is going to be a huge increase, especially in border rural areas where the minimum wage has always been the working wage. Our salaries are not much lower than people can get in private industry in our community. With the increase in the minimum wage, I want you to be aware that the project cost is going to be going up.

Senator DeConcini. Thank you very much, Mr. Grabel. I appreciate that concern about the minimum wage. It is the law but it will be going up. I think the funding has to be adjusted in accordance with that.

You talked about the title III coordinating problem. If I understand that correctly, your objection is that you should not be required to have to coordinate some programs you don't have. Is that what you are saying to us?

Mr. Grabel. No. What I am saying is that if we have—let me give you some figures. In our region, the title III grant, that is a four-county region, not only Cochise County, the grant is something like $87,000 under title III. That is for all the programs, all these seed moneys for everything except title VII. In order to staff an area agency who, by law, cannot provide direct service, you need a director, secretarial help, mileage, telephone, copying machines, it comes to approximately $30,000 in our region. So something like one-third of our title III money is going into essentially an administrative program. Now, if these administrative moneys could be used to augment all the title VII nutrition projects, for example, which also require that you have a bookkeeper and a director, if the funding could either go directly—and the duties involved—go directly to the service provider, or the

area agency be sufficiently funded and permitted to be the service provided, then, I think, that you have a savings in money, you have more money going directly into services to the people who need the services, and I think it would be a better working arrangement than having the animosity that exists throughout the country, except in Tucson, between the area agencies and the title VII nutrition project director. They both have national agencies now and they seem to be hassling over who is going to do what. In some areas you start with a nutrition project, then put an area agency on top of that. In other areas you start with the area agency and put the nutrition project under it, then shift the project of the nutrition project to the State. We have, as a nutrition project, we have about eight or nine grants for which we are responsible to all of our communities, the county and the State for some grants, the Federal Government for others, the area agency for title III. It becomes silly. It takes about a week and a half each month for my staff to fill out the forms that we are required to fill out. If we could unite that somehow, I think it would save us time and money.

Senator DECONCINI. Thank you very much.

Congressman UDALL. Mr. Grabel, I want to congratulate you on what you are doing down in Cochise County and on a very excellent statement.

PROGRAM A SOLID SUCCESS

I think I will take just a minute, if the Senator will forgive me, to go back to some basics about this program. It is kind of commonplace to say that all of these Federal programs in the 1960's, which, I guess, would include the Older Americans Act, will fail. Some of them have failed and some of them have partly failed, but this one, in my judgment, has been a pretty solid success. I know everyone in this room, the people that have been gathered here by Senator DeConcini, understand this program, but there are a lot of taxpayers out there listening in on good old channel 6—and I am a strong supporter of public television, another program that hasn't failed, but has been a great success—but the taxpayers have to pay for these programs. I want to take just a minute to go back to some basics.

Your program has $65,000 in Federal money, did you say?

Mr. GRABEL. $65,000 in Federal money from title VII. It has got $45,000 Federal dollars from title XX.

Congressman UDALL. So $110,000 Federal money is involved?

Mr. GRABEL. Right.

Congressman UDALL. How much of this money do you get from local governments and local communities in Cochise County?

Mr. GRABEL. The county gives us $15,800-and-some-odd dollars Each community that we service gives us approximately $3,000 to $4,000. That is six communities.

Congressman UDALL. So you get something like $150,000 a year to run this program?

Mr. GRABEL. It comes closer to $200,000. You are leaving out the donations of the participants. We get close to $30,000 a year in dimes, 50 cents, 75 cents for donations from participants.

Congressman UDALL. Well, I am trying to show the taxpayers out there the kind of bargain that you are providing for people who really need help.

Now, in addition, you say the sponsor of this program is a church group in Douglas who give their facilities and their time and their people to help make this program a success?

Mr. GRABEL. That is right.

Congressman UDALL. With this very limited kind of Federal expenditure, you serve meals to how many people in Cochise County during the course of the year?

Mr. GRABEL. That is a hard figure. It would come out, we feed close to 400 a day and we would say that we reach about three or four times that many over the period of a year because we have a lot of repeats, regulars. At least between 1,000 and 2,000 people.

Congressman UDALL. For this kind of money, which wouldn't make a downpayment on a missile, you can bring some help, some nutrition, to literally hundreds of poor people, deserving people, in Cochise County.

Mr. GRABEL. I agree. I think it is the easiest program in the world to run. Some of the time I just have to stay out of the way.

VOLUNTEERS DELIVER MEALS

Congressman UDALL. Let me get back to one more thing that some of the taxpayers who are asked to pay for this don't understand. Some of the meals you actually take to the homes of elderly people who can't get out and who can't come to the center, you have a system of getting the meals into their homes?

Mr. GRABEL. Yes. Mostly volunteers.

Congressman UDALL. Some of these are church groups and some other kinds of groups that do the volunteering?

Mr. GRABEL. Yes. During the summer we have Girl Scouts when they are off from school. We have women's clubs, we have—Fort Huachuca is near us and we have the NCO wives who volunteer to help out.

Congressman UDALL. You are tapping again the good will and humane concern that I talked to Mrs. Lupu about earlier.

Mr. GRABEL. Yes.

Congressman UDALL. Some of these meals are what you call congregate meals, which is a big, fancy word for saying you bring people together in a church basement or some place and serve the meal there?

Mr. GRABEL. Yes.

Congressman UDALL. What percentage of your meals are home delivered and what percentage are congregate meals?

Mr. GRABEL. Our percentage is extremely high. About 30 percent of our meals are home delivered.

Congressman UDALL. When the people come to the centers, you generally try to have a place where they can visit with friends and play cards, make a phone call, do something that may bring a little meaning to the lives of older people who don't get out all that often?

Mr. GRABEL. Right. We have bingo. We have films from the local library. We have exercise classes. I am looking at Mrs. Laudeman, she is going to testify, she runs an exercise class for us at one of our sites. There is a two-fold idea, bringing people food is fine, but our goal is to reinvolve senior citizens in society and to get them back to be con-

tributing people in society. Too often our television and our media tells us that once we reach a certain age we can no longer function, that you are supposed to be like Aunt Blowdy on Johnny Carson. You are supposed to have a lot of infirmities. You are supposed to stay at home. Even some of our physicians tell some of our participants that they are supposed to stay at home. What I have found from two of the people who work in my office who are over 74. The secret, the difference between people who are healthy in their late seventies and eighties and those who are not is that those who stay active, those who stay involved, are much healthier and much more able to get around.

Program Praised

Congressman Udall. I didn't want to take this much time, but I do think it is important, since we have television covering this and people out there following it and listening to it, that we get the message across that this is a good program, that you don't spend taxpayers dollars with much better effect than you find in this program. There may be some gaps in it and we may have to fine tune it a little bit. It is up to Senator DeConcini here to find out how the programs are working. I want to say publicly this is one program that has done a lot of good in this county. I hope we can keep it operating.

Mr. Grabel. Thank you.

Senator DeConcini. Stu, let me ask you, you obviously have a problem with delivering as many meals as you do, in gettting volunteers to drive their own vehicles, is that correct?

Mr. Grabel. Yes.

Senator DeConcini. And, of course, they receive no reimbursement for mileage or anything now.

Mr. Grabel. That is correct.

Senator DeConcini. There is legislation that I introduced in the Senate, and, I hope, the House will address it, to allow at least mileage for those many, many senior citizens who take the time and the use of their resources. I hope we can get support for that kind of a program and effort. I think it is important for those who are in the audience to take time to contact and support some of their leaders and some of their people in the community as to the need to move in the direction of, as the Congressman said, tuning this program so it will be more just and continue the expansion and delivery of many of these services.

Mr. Arroyos, do you have any questions?

Mr. Arroyos. No.

Senator DeConcini. Thank you, Mr. Grabel.

Our next witness is Jeanne Mahoney. She is the director of Pinal-Gila Council on Aging in Florence, Ariz.

Thank you for coming this long distance and you may proceed.

STATEMENT OF JEANNE MAHONEY, PROJECT DIRECTOR, REGION 5 SENIOR SERVICES, PINAL-GILA COUNCIL FOR SENIOR CITIZENS

Mrs. Mahoney. Senator DeConcini, Congressman Udall, and your staff, thank you very much for inviting me.

My name is Jeanne Mahoney. I am the project director of a nutrition program in the Pinal-Gila Counties. I want to tell you a little bit about these two counties. We are region 5 in the State of Arizona. We have a basis of 60-plus population of 15,026. Of that 15,026, we have 13 percent native American, 38 percent Mexican-American, 7 percent black and 1 percent other, 41 percent being Anglo. Our region is rural in character, containing only 11 population centers, the largest being Casa Grande, with a total population of 14,000, and the smallest being Payson, with 1,800. Agriculture and mining are the chief industries.

In 1972, the State unit on aging established a planning and service area in the State and we were identified as region 5. From the date of the original funding until March 31, 1977, region 5 was under the area agency on aging concept. During February and March, the Pinal-Gila Council did a cost effectiveness study under a projected direct service mode versus the area agency mode. The studies were made available to the bureau and largely on that basis it was mutually agreed that we would suspend the area agency and fund into a direct service mode.

The transition period has been difficult. What we have found up to now is that under the area agency mode with an average number of units per month as opposed to an average number of units under a direct service mode, I have listed, and you have the testimony there, I won't go through it, I will just give you an example, we have five sites under the AAA mode. We were serving 4,950 meals. The average cost of the meal being $2.53. Under the direct service mode, which will serve, we are serving now eight centers and will have an average of 11,000 units a month and the average cost will be $1.20. Social service and on down the line, it is a very distinct change in a service that we are delivering under the direct service mode as opposed to an area agency.

Service "Upped" 200 Percent

Now, this is what Stewart was talking about. Under the area agency concept, we are limited to planning, not allowed to give direct service, but in the rural areas you will find that there are no service providers. We planned and planned and planned but were not allowed to give any direct service. Stewart indicated that we do have to pay administrative costs under either mode, but by eliminating the area agency we have upped our service 200 percent. It might be considered a step backward in planning and coordination, but a careful cost analysis makes it clear that the core program costs for administration, facilities, and travel to support an effort to coordinate and plan for limited or nonexistent services were consuming the minimum allocation of funds to which the region was entitled. I would like to make it very clear that the decision in region 5 is not in any way an attack on the area agency concept. In many parts of the country where resources and providers are not so limited, the concept has worked very well. However, it appears that an area agency does not at this time meet the needs of region 5.

While services have increased, the Pinal-Gila Council for Senior Citizens is only meeting needs for approximately 4 percent of the elderly.

Arizona receives its allocation of funds based on population figures, as do all the States. Region 5's allocation of these funds is the minimum set within the State.

We suffer from a problem, a common problem to this State, because of our pleasant winter weather, the "snowbird" syndrome. Each October the population in the region expands until it reaches 60 percent of the year-round or base population. Historically this transient population is almost totally composed of senior citizens. Many of them have no living relatives and are in need of and wish to participate in the programs supported by the Older Americans Act.

Despite enthusiastic resource participation by the region's communities since the shift to direct services it is seldom that the needed servces can be provided.

As a solution to this problem of temporary residents service needs some suggestions have been made dealing in various modes of reciprocity. The usual suggestion is that the State providing documented service should, in some manner, bill the State of residence. In our opinion, such a solution would be an administrative nightmare. What State would be able to surmount the budget problems created?

We recommend instead that the Congress establish a migrant elderly service allocation under the Older Americans Act. Those States having a substantial problem could be required to document an actual and requested services during the previous year from this population segment and could, on the basis of such data, request an award from the migrant elderly services allocation in an amount not to exceed the documented percentage of the State's migrant elderly.

Satellite Development Needed

I cannot close without bringing to the Senator's attention, again, the still-existing problem caused by the physical distance between seniors and services. Although region 5 has only 11 population centers, there are many crossroads communities where a small facility, even a small trailer, could provide a base of operation for service delivery. Present guidelines and dollar limitations in title V of the Older Americans Act preclude this satellite development necessary to reach the more isolated elderly.

I have not touched upon the urgent needs for housing, home maintenance and repair, mental and physical health and legal services, leaving such testimony to the experts in these fields to address these issues. However, I do wish to emphasize the demonstrated need for greater resources of this nature in region 5.

Thank you for your invitation.

Senator DeConcini. Mrs. Mahoney, thank you very much for bringing to us your very excellent testimony and suggestions. Quite frankly, you have opened my eyes to a few problems that I was unaware of that you have addressed. Your last mention of using some satellite facilities, if the act or the regulations provided for that, could you find the personnel to man these facilities and do you think that they could maintain the minimum of safety for use in sparsely populated areas where there are not any fire companies and safety rules and regulations to see that people would not be jeopardized as to their own security?

Mrs. MAHONEY. What I see is a trailer, as I say, that was open even twice a week. I am talking about getting health services delivered. Even if we couldn't get a nutrition program going in these satellites, it would be a place where they could come and have their blood pressure taken, podiatry. People don't say much about podiatry, but this is one of the biggest problems of the elderly. That would entail coordination between the health department, volunteers in the line of doctors perhaps giving their time once a week.

Marian is laughing, but we keep looking for volunteers.

The thing that I find in the rural areas, as Stu has mentioned, and, I think, everybody that is working in the program recognizes this, the people who really need the help are isolated. When you approach them, they are very proud. No; we don't need anything. Once they become involved, you can see them go from a hunched-over back to a back straightened up, proud. It is a very rewarding feeling once you do get to them they respond.

Senator DECONCINI. How many satellites do you think would be necessary to provide the necessary care for Pinal and Gila Counties?

Mrs. MAHONEY. How many satellites? Oh, my word.

Senator DECONCINI. Just roughly.

Mrs. MAHONEY. Five.

Senator DECONCINI. Do you think there is some merit to some kind of a van State health facility that might be funded under title XX to go to these communities on a prescheduled basis? There are some States that have done that.

NEED FOR MEDICAL UNITS

Mrs. MAHONEY. Yes, I know. Marian, Gloria, almost all of the directors of the area agency projects, project directors, have talked about a medical unit that would be just fantastic to go around the rural areas on a scheduled basis. That would be taking care of one part of the problem the seniors have. It would be a great thing if it could happen. Title V money has done an awful lot of good except there is not enough. This is what we need.

Senator DECONCINI. Congressman, do you have any questions?

Congressman UDALL. Just a quick question. I want to say that the Mahoney family in Pinal County is justly renowned for its public service and you add luster to that achievement of the family very much.

One of the big questions that is being kicked around in the House and Senate, as we prepare to amend the Older Americans Act next year, is the role of the area agencies, whether more focus should be put on coordination and pooling or direct service delivery. Do you think this should be clearly defined in the law or should it be flexible, leaving the role of the area agency to be determined by the State and the area in question?

Maybe Marian would have some thoughts on that, too.

Mrs. MAHONEY. I am sure Marian would like to comment on that. I can only speak for my region. I think Stewart agrees with me. In my own opinion, I think we should have area agencies in the metro-

politan areas because there they really do need to pool, coordinate, et cetera. In the rural areas it is different. I have two counties, two county boards of supervisors and the rural communities. We are the people in direct contact with them. Marian in Pima County is serving a valuable need in this county and in the State, and in the United States, I might say. I see a role for the area agencies in the metropolitan areas, but I really don't see the need for area agencies in the rural areas.

Congressman UDALL. Let me ask Mrs. Lupu if she agrees with that distinction, if that is a valid difference?

Mrs. LUPU. I think there is some valid difference between rural and urban, particularly as we are looking at rural agencies with generally very limited staff of one and two persons with members at geographic distances. They are always multicounty areas and consistently bear the technical resource in the community. It is not understood why they cannot provide the direct services.

"FINE TUNING" OF AREA AGENCIES

Now, the need in the urban areas for a focal point for technical assistance is of a different nature. There the need to develop the advocacy efforts, the legislative platform, the ability to stay on top of what is happening in the county government and the city government and the State government and at the national level—you know what difficulties your staffs have in following legislation daily and it is still imposed upon the local area agencies to have that kind of understanding in order to be able to be responsive. I think, as we look at area agencies, it is still a mode that needs to be developed and fine tuned, but that we ought not to dismantle it by giving it to the State to decide. If you do that, in many States you will end the concept of area agencies.

Congressman UDALL. Thank you very much, Marian.

Senator DECONCINI. Robert Reed, Maricopa County title III director, is here. Perhaps he would care to make a comment. If not, that is fine.

It has been brought to my attention that you are here. We would very much like to hear from you.

Mr. REED. Thank you.

I've brought with me a number of people who would like to testify on problems of the rural elderly in Maricopa County.

Senator DECONCINI. Yes; if time permits when we finish with the panel, we hope to open it up for a public discussion.

Would you care to answer the question now that we are discussing?

Mr. REED. I could give you my personal feelings on that.

Senator DECONCINI. We thank you for being with us today.

Mrs. MAHONEY. Senator, I would like to point out that I have the same staff as a direct service agency as I had as an area agency director. Really, in fact, I think you will find in the rural areas the area agencies are really giving direct service. I was running out on compliance because there are no service providers.

Senator DECONCINI. You had to do this to fill the gap.

Mrs. MAHONEY. Right.

So, actually, the same staff that was administering the area agency is now administering the direct service unit.

Senator DECONCINI. Mr. Arroyos, any questions?

Mr. ARROYOS. No questions.

Senator DECONCINI. Our next witness is Elizabeth Ann White, site manager of the Ajo Senior Center.

We thank you for traveling so far, Ms. White.

STATEMENT OF ELIZABETH ANN WHITE, SITE MANAGER, AJO SENIOR CENTER, AJO, ARIZ.

Ms. WHITE. I want to thank Senator DeConcini and Congressman Udall and their staff for inviting me here today.

What is the senior now generation program? In early 1971, the senior now generation program was established at the Tucson Jewish Commuity Center Council to encompass all activities, services, Federal and local projects relating to the socialization and nutrition activities at centers for the older adults. However, the Ajo program did not begin until November 1975.

The local program was begun under the joint direction of Pima County Parks and Recreation Department and the Tucson Jewish Community Council. During the past year, the program has become totally under the senior now generation program of the Tucson Jewish Community Council. The operation of the SNG program at the Ajo club emphasizes the socialization of the participants and provides nutrition, education, and meals.

One of the major parts of the local program is outreach in the community. Through outreach, I have learned the primary needs of the elderly. I feel the program has been effective in Ajo in that it has revitalized the elderly and brought them closer together in an atmosphere of socialization. The program has also made many aware of the varied but limited services available to them.

As site manager at the Ajo facility, the needs of the elderly in the community are constantly with me. The needs of the community are many. The top priority, I feel, should be given to the need for health screening, a full service blood pressure clinic at a minimum cost, mobile podiatry, denture, eye glasses. These are available in the city. However, we are 130 miles away. Physicals, prescriptions, price reductions, particularly on long-range medication, such as in the case of cancer and other devastating illnesses. Low-cost housing—if they decide to mine the ore body which lies under the southeast portion of the town, this would put many elderly out of their homes. There are very limited rentals close to stores, banks, et cetera. There are very limited rentals in Ajo.

LOCAL TRANSPORTATION LIMITED

Local transportation in Ajo is very limited. There is only one taxi. The smallest amount that you can ride the taxi for is $1—the maximum is $2. This is one way. The prices, we have been told, are being raised very shortly.

The SNG program has a 10-passenger van for which we only have a driver for 6 hours a day. There is no direct bus service to Tucson. It

takes approximately 4 hours to go on the bus from Ajo to Tucson via Gila Bend.

Chore and sitter services are nonexistent in Ajo. Recently I had four requests for these services, mostly from terminal cancer patients.

Day care assistance for the physically handicapped are also nonexistent in Ajo.

Legal aid services are nonexistent at this time and are very badly needed.

There is very little entertainment in Ajo, particularly nothing for the elderly except the SNG program and the Ajo senior citizens club.

Thank you.

Senator DECONCINI. Thank you very much.

Is there a shortage now of housing for the elderly in Ajo?

Mrs. WHITE. Yes; there is definitely a shortage.

Senator DECONCINI. Without this anticipation?

Mrs. WHITE. Yes; there always has been.

Senator DECONCINI. Do you have any kind of an idea as to the number you are talking about?

Mrs. WHITE. Of the people that might be evicted?

Senator DECONCINI. No, the ones that are presently in need of housing.

Mrs. WHITE. They all seem to be housed, but the housing is very substandard, yes.

Senator DECONCINI. Thank you very much.

Congressman Udall, do you have any questions?

Congressman UDALL. Mrs. White, I admire and respect what you are doing in Ajo. It is a great community and one that I have been proud to represent over the years.

I just have one quick question. What is the problem of the so-called snowbirds that we heard about earlier? What percentage of your service load is that in Ajo?

Mrs. WHITE. It is not really that high. We usually have over the year about 40 to 60, and when the snowbirds come it goes as high as 70 per day. These are meals per day.

Congressman UDALL. I noticed the suggestion made by someone earlier that we maybe have an allocation of the formula so that in the 4 months of the winter the Minnesota allocation is reduced and part of that is sent to Arizona.

"SNOWBIRDS" PROVIDE "BRIGHT SPOT"

Mrs. WHITE. I would like to add one thing. Our snowbirds do provide a bright spot. They bring many interesting things with them. They are wonderful people.

Congressman UDALL. I am all for them. I welcome them. They also add somewhat to our load of public services.

Senator DECONCINI. We want to thank you, Ann White, for coming the distance you have and for the great services that you are doing.

We are going to take a break. Before we do, I notice that there are a number of members of the Governor's advisory committee in the audience here. If you will please stand. Alice Norris is here, Charles Knowles is here, Fred Behner, John Burnham, and Genevieve Gins-

burg, also Sophie Smith, who is on our panel. We are going to hear from Sophie.

At this time, we will take a 5-minute break and return to the panel of senior citizens.

[There followed a short recess.]

Senator DECONCINI. The meeting will come to order.

We would ask that people not smoke in this room, please, for some health reasons. We ask your indulgence in that effort, please.

We are going to move ahead. The hearing will continue even after I have to leave a little after 4. I am interested in getting on the record anyone's testimony or remarks. Debby and Lois will be here. They are both on the staff and they will see that any information you have is placed in the record.

We now will turn to the panel of senior citizens. We are very pleased that these people would take the time to come and express their views.

I think, in order to expedite the hearing, I will take the testimony from each of the panel members, then reserve the questioning for later.

Our first member is Mark Pohle, Ajo.

We thank you, Mr. Pohle, for coming all that distance. We welcome hearing from you.

STATEMENT OF MARK POHLE, AJO, ARIZ.

Mr. POHLE. Thank you, Senator DeConcini, Congressman Udall, the staff, and the rest of you.

As you know, we live in an isolated community and it is about 110 miles from Phoenix, 130, 140 miles from Tucson, which poses quite a problem for the senior citizens, also the rest of the community. We are isolated. Our facilities are very limited there. There is one thing on the positive side, it is in the report, and I hope that you will be interested in knowing that. Living in a community such as Ajo, away from everywhere, away from the beaten paths, we find that the crime rate in our community is very much less than it is in a larger community. There is not near as much mugging or highjacking, burglarizing. We are off the beaten path and we don't have too many of the rougher class of people coming into Ajo.

Further, I would like to say, of course, what I have to say is more or less repeating a lot of the things that have already been said, we are just emphasizing. It says repetition, if you want to get anything done, just keep driving. So I am going to make my report and it will reiterate a lot of the things that have already been said.

Living in a small community 100 miles or more from a large city certainly has its disadvantages and drawbacks. It is extremely difficult for the oldsters to maintain a normal standard of living in these far-off places. For instance, various services, cost of living, limited income, adequate help, along with almost everything else, is out of proportion to that of the city.

LIMITED MEDICAL SERVICES

Now, referring to some of the problems, we find that health care poses one of the biggest concerns of the elderly. Medical service is limited and when serious or unusual cases arise, the patients have to be

transported over long, agonizing distances for proper treatment at the facilities in the cities. This is all very frustrating, inconvenient and expensive.

Another condition that exists is that many of these elderly people own their own homes or live alone in rented quarters and do not have any one to care for them regularly. Some are hardly able to do their own housework and are badly in need of help which they can hardly pay for or is unavailable. That is quite a problem in Ajo.

One of the major complaints heard frequently is the inability to get help in household repair work. Breakdowns occur, such as plumbing, appliances, coolers, heaters, and many other things about the house. Most of the skilled workers who do this sort of work are employed by the company and it is hard to obtain their services sometimes.

Transportation is another vital concern we have. Many do not own cars or drive themselves. Consequently, they depend on others to transport them around. The senior now generation program in Ajo does alleviate this situation somewhat with their limited busing service to and from the senior citizens hall where the people receive their meals, do craft work, and indulge in some sort of recreation.

The recreation program for Ajo's elderly is also not what it should be. The Pima County Parks and Recreation do have a fairly good program going on in Ajo for the entire community. Very few of the oldsters participate in this, however.

There is a need for some sort of promotional and organizational work in this department. Most of these people are also plagued with financial problems. Their meager incomes, usually from pensions, are hardly enough to sustain a decent living. This condition keeps getting worse as the cost of living and inflation keep rising all the time.

Widows Have Reduced Income

Women who live alone usually suffer more financially. Men have built up a fairly livable pension from their work years. If they should drop out of the picture first, much of the income for the survivor has been greatly reduced.

Taxation, especially on property, is another big headache for these senior citizens. With their low, fixed incomes and rapidly rising cost of living, it is becoming more difficult all the time to meet these higher rates. Some relief is certainly needed here.

There are many more problems that could be talked about, but the major ones have already been discussed. I hope to have shed some light on the living conditions of the senior citizens who reside in isolated or rural areas especially in Ajo.

Thank you.

Senator DeConcini. Thank you very much. We appreciate that testimony. Certainly it does reiterate the real experience of the people and just as to some of the hardships and problems that need to be addressed.

Our next witness is Dallyn Laudeman, Willcox, Ariz., president, Cochise County Council on Aging.

We thank you for traveling this distance and welcome your testimony at this time.

STATEMENT OF DALLYN LAUDEMAN, WILCOX, ARIZ., PRESIDENT, COCHISE COUNTY COUNCIL ON AGING

Mrs. LAUDEMAN. I want to thank you for having me here. Thank you for listening to the problems of the seniors.

As has been mentioned, transportation is a big problem. We don't even have a taxi in our town. It is over 80 miles into Tucson when you have to go for specialized medical care. This is a problem. Also, we have a problem in home improvements. We have, at the present time, a very small program under our county council that is helping to repair some of these homes for the elderly. Our finances are so small that we can't begin to cover the problem.

We have a chore service allotment, but we can't get sponsors for it. This makes a problem. As has been mentioned, our Cochise County nutrition project had a hard time finding a sponsor. These things are hard on us.

Then, we don't have any senior center for our people. There is no place for our seniors to get together and talk to one another and have fellowship with one another. We can't afford a multipurpose senior center.

In our town we have health serivces twice a week. They couldn't afford to staff an office in a senior center. The social security comes twice a month. They couldn't afford to staff an office in a senior center. Yet, in some of these places we really need this senior center. We need the fellowship. I am speaking as a senior citizen because I am one and I am proud of it.

YOUNG PEOPLE DELIVER MEALS

We need fellowship, we need companionship with others. Then, too, we would like to get acquainted with some of the young people. You know, at our senior nutrition site it is wonderful to see these young people coming in and taking the meals and taking them out to the homes. They are finding out about some of the problems of our senior citizens. They are getting acquainted with them.

One of our drivers went out to take a meal to a woman and found her lying on the floor. She had been there all night. If it hadn't been for someone coming in with a meal, nobody would have known that she was down on the floor.

There is much greater help in these services than just the nutrition. I work with the exercise program at our site. You would be surprised to see how these people take the exercises and how they look forward to it. We told them they would have to come in a little early. They said, oh, that is fine, can you pick me up early. So our drivers very graciously pick them up. Of course, I have to say that because one of the drivers is my husband.

I think that Stu should be congratulated for the job that he has done with our nutrition project. We are very proud of him and we are proud of it. But we need just a little bit more. For instance, most of our sites, we come in there in the morning, the cooks do and the volunteers who help get the meal, then they come in for the meal and we have to be out of the building by 2 o'clock. That doesn't give us

much time to have any recreation or things of that kind. If we could have a senior center that was just a simple urban type center, it would really be appreciated, along with the help in transportation. And, of course, our health services at the nutrition site, we have monthly blood pressure clinics and we have talks from different ones. We are hoping to start a nutrition bingo, which will help to put into their minds the things about nutrition that we try to have.

I do appreciate your listening.

Senator DECONCINI. Mrs. Laudeman, thank you very much for that very explicit testimony. It will be very helpful to the entire committee.

Our next witness is Sophie Smith, a lady who has been extremely involved and active in Pinal County and who served as the county recorder there. She has gone on now to be a member of the Governor's Advisory Committee on Aging. She lives in Florence, I believe.

We are very pleased to have you here. It is nice to know that you are still involved, Sophie.

STATEMENT OF SOPHIE SMITH, MEMBER, GOVERNOR'S ADVISORY COMMITTEE, ON AGING, FLORENCE, ARIZ.

Ms. SMITH. Thank you, Senator.

I am a member of the Advisory Committee on Aging, also ex officio member of the Pinal-Gila Council for Senior Citizens.

I have been to the centers when they have been serving meals. I have seen how the citizens act. I think it is wonderful. I do think they are doing a splendid job. I want to talk for another group. Those who are bedridden and at home have no opportunity to get out and there is no way to get them out. They are blind; they are deaf. Like myself, I know they are all avid readers. I would like to see films that can be shown on ceilings where the person in bed can read them. I would like to have tapes of books and music where they could hear.

The home chore maintenance and home health services have already been taken care of. We realize that the low resources of the various communities are because of the low tax base, lack of population, lack of industrial and commercial tax dollars.

The second major point that I would like to remind you of is the need for coordinated programing. A specific example, if guidelines for title XX of the Social Security Act are followed as to determining eligibility for service, title VII guidelines of the Older Americans Act, which forbid any means test, are automatically violated. There are many similar examples where the final guidelines drafted by the administration prohibit carrying out the greatest coordinated effort.

Congress is responsible for seeing that the highest possible use is made of every tax dollar. This is especially important to rural areas where dollars are scarce.

I hope that you will do something about the inconsistencies.

Thank you.

Senator DECONCINI. Every panel that I am aware of have brought that to our attention in the past month or so. Indeed, we hope to address that particular problem.

Our next witness is Thelma Mullen from Apache Junction. We know that Thelma has been involved in delivering meals for a number of people there. We look forward to her testimony.

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STATEMENT OF THELMA MULLEN, VOLUNTEER, APACHE JUNCTION NUTRITION SITE, REGION 5, PINAL-GILA COUNCIL FOR SENIOR CITIZENS

Mrs. MULLEN. Thank you very much.

I did work with meals-on-wheels in Wichita, Kans., before I came to Arizona.

By the way, I did come to Arizona to retire. I think I am working harder than I did before. I have found out that most of these people come to Arizona to die. They feel there is nothing else when they retire. The people that really need help don't ask for it.

I take 11 meals out and that is all I am entitled to take out. I am going home and tell Jeff that somebody is getting 30 meals. I can use them very much.

I don't just deliver the meals. I see that someone cleans the house. I write their checks. I pay their bills. I get their prescription filled. If anything is broken, I see that it is repaired. I have even gone back to sit with them at night whenever they have had problems. I have asked people to go with me and visit the people I see, and they don't look too good, I'm sure. One man I know doesn't weigh 50 pounds. He is nothing but bones with skin over them. He is in a wheelchair and when he goes to bed, his body has calciumized into place just like he sits in the wheelchair. He has to lay that way. I have more than just one like that. I take meals on Saturdays and Sundays. I fix these in my own home at my own expense. My husband went with me. He has heard me talk about these people. He went with me just last Saturday. They are all just as cheerful as they can be. It really makes you feel good to go in and you know you don't have any complaints at all. My husband went in and Mr. Christianson told him, "She is fattening me up." He couldn't weigh 50 pounds, no way. He was quite ill this past week. I am the only person they see all day long up until the next day.

APPLIANCES RUN CONTINUOUSLY

I have one lady—well, she had the water on and it ran for 24 hours until I came back. They had the TV on and the radio on and they can't turn it off. I fixed up a few little gadgets with my husband's help for them to turn on and off their lights. Their air-conditioners, we have had them fixed, had people come out.

Now, I have had very good help in asking a doctor and an eye doctor to come out; people have come out when we couldn't fix the wheelchairs. They have been very good. Maricopa County workers came out twice to see some people out here from rehab. I understand that they aren't allowed to come back any more.

This program does do good. People flag me down. They recognize my truck whenever I go along and they will stop me and ask me if I know of so and so, that they need help. I have got to the point where I ask them, "Have you been helping?" They usually say no, they thought there would be somebody else that should go in and take care of them.

There is one couple, she is a retired dance teacher. She is so bubbly and full of pep you wouldn't believe it. She has had two colostomies.

They are in their eighties. They were on the verge—they had the pills set out to commit suicide when I went there because nobody cared. The people that they know who were their friends have either died, gone to rest homes, or back to live with their kids.

That is about the best thing that these meals do. They are now going over and taking part in the meals over at the center.

I had one couple that were in the hospital. The court stopped me three times and asked me if I could get meals to them. They could come home if they had the meals. Well, I couldn't get two extra meals because I was taking out all I was allowed. I told them just as soon as I could I would bring some meals to them. The doctor would not let them come home. The woman got worse. They put them both in a rest home and for 5 weeks it cost them $1,565. Finally the people in the court said they would drop in and see them, but they couldn't furnish them meals all the time.

You know, people have got where every time they see me start toward them, they start shaking their heads no. I have gone from door to door in the courts and asked them if they could please get meals for a few days until I could get someone else. I would go from one side of the court to the other. In the last week and a half, nine of these people I have got sent back to where they came from. All of of these people have no relatives whatsoever. I have contacted the chamber of commerce in the towns that they came from or some little town and explained the case of how they can pay their way, but the rest homes are so expensive, so they have gone back to Ohio, Illinois, Indiana, Virginia, Washington, and one in Kansas. They have been very glad to leave. I have explained that there is no way they can get any more help.

Transportation Problems

Another thing, you talk about the buses to take people, we have a Red Cross bus in Apache Junction. I know; I worked to help get it. They take the people to town in the morning to the doctor. They don't bring those people back until the afternoon when everyone that has gone to town is ready to come home. That is too long for these people to be down there. It is too long for a well person to be in there, as far as that goes. They have to wait until all of them can come back together.

They don't have a lift to lift people that are in wheelchairs. I don't know of any way that a few of my people could go to the doctor unless if they had a van with a lift. I know it would be nice. We really need more transportation for people to have and the facilities to go to the doctor.

I feel that every bit of money that has been spent there, and I expect so too in every one of these other centers, has been well worth the money and the time and effort that has been put into it. I just wish we had that much more.

This morning before I left, I took my cases over that I deliver my meals in for a lady to deliver my meals for me today. I said, "Well, have you got anything for me to say?" He said, "Yes, I need many more meals because every day I am turning so many people away." I

could get rid of 30 meals a day real easily to people that are homebound. I am going to the people and the people are responding and helping for a while. They call me and tell me I just can't do it any more because they are retired and living on their own social security income just like me.

Another thing, you talk about these snowbirds coming in. It is nice to have them, but I wish they would bring just a little bit of their money that is allocated to them.

I thank you people very much. I could almost preach you a sermon any time anybody would listen to me.

Senator DECONCINI. Mrs. Mullen, thank you. You make a great advocate for the expansion of these programs. That is really the purpose of these hearings, not only to listen to the professionals that are involved, but to listen to those that really give of themselves. I compliment all of the members of the panel for that effort and the willingness to come forward and explain some of the real hardships that are involved.

Our next witness is Hollace Roberts from Green Valley.

We are very pleased to have you.

STATEMENT OF HOLLACE ROBERTS, GREEN VALLEY, ARIZ.

Mr. ROBERTS. Senator DeConcini, I am privileged to be here. I think my remarks may be somewhat different from those given, but they will be descriptive, at least I hope they will, of our community.

While the invitation to appear before you was extended probably when I was president of the local chapter of the ARP, which has a membership of 650 people, I hasten to mention that I am speaking only for myself and not for the chapter.

I think I can say, however, for most of the residents of Green Valley that we appreciate the time taken by this committee to hear from the residents of the Southwest and that we appreciate the continuance in the U.S. Senate of a committee whose special concern is the problems and interests of those of us who, indeed, have reached our majority.

Incidentally, I hope I am a part of the last generation required to retire at the age of 65 from gainful employment.

As I am sure you know, Green Valley is essentially a retirement community. A majority, if not all, of the property owners associations have in their deed restrictions a minimum adult age of 50 years and a minimum age of children living in those adult familes of 18 years. According to a recent study, the estimated population of Green Valley is approximately 6,500 people. The same study concludes that our population will be approximately 10,000 by the end of 1980 and over 14,000 by the end of 1986. Various estimates suggest that over 80 percent of our population are fully retired from gainful employment.

To describe the way of life, which I was asked to do, of those who live in Green Valley, depends on one's perspective and frame of reference. Any generalization that I may make is subject to error and misinterpretation, including this one. But let me make some general comments.

Medical Services Present Problem

While many of our people enjoy reasonably good health, there are probably very few of us who do not make regular and irregular trips to health services. We have a health center, a nursing home and a medical center, an office complex, and dental services, but many, many of our residents have chosen to rely on the medical resources in Tucson and this presents a two-edged problem. One, to the health professions to provide around-the-clock medical services in Green Valley, and, two, the transportation problems for many of our residents whose medical care is available in Tucson either by choice or the lack of adequate service in Green Valley. Our fire department has ambulance service available to our residents, and it is a fine service, including paraprofessional service. A 30 to 35 mile trip of 50 minutes is worrisome to a good many of our people.

All of us at our age level realize the inevitability associated with the so-called golden years. The anxieties produced by this inevitability and the attendant physical crises assocated therewith probably present one of our greatest concerns. While the health needs in such situations may appear exaggerated, to those of us who experience them they are indeed real and demand all of the attention they can receive. These anxieties and health concerns, if not real health problems, are emotionally laden and by the same token many of our residents, with and without medical services, call upon their own resources to deal with them.

Before I elaborate on that point, let me suggest that it would be my opinion that counseling services, easily accessible and in familiar surroundings, would be of a great help to many of our residents, help that might be an ability to listen and help that might be extensively and intensively therapeutic.

I mentioned that many of us call on our own resources to keep us young. Incidentally, I think we are not in Green Valley to die.

Social and recreational activities proliferate and spawn more. Our recreational centers, our golf courses, our homes, our churches provide full or part-time pleasure for many of us. Many of us find pleasure, and, I believe, good therapy, in digging in our flower gardens, participating in local service organizations, our library, our fire department, our sheriff's office, and such official and quasi-official organizations. But many also rely heavily on Tucson and university and college libraries for their research and reading, on art and cultural events in Tucson, for their entertainment and release in these areas, not because Green Valley individuals and organizations do not make great efforts to bring such facilities and activties to our community, including Fred Behner who is here in the audience. They do not come with the regularity which many would desire. The ability and willingness of outside groups to take the risk, as it were, may be an equally compelling factor.

Many Live on Fixed Incomes

For some reason or reasons, Green Valley seems to be looked upon as an affluent community that can provide for itself. It is my judgment that this may be gratifying to some endowed with the spirit of upward mobility, but it is hardly an accurate description of our community as

a whole. If one were to judge solely on the basis of financial resources, I would guess we might be looked upon as somewhat typical of an American middle-class community. By and large, our residents live on fixed incomes. Many have retired from technical or professional jobs which by today's standards were paying low to moderate wages or salaries. Fixed income based on such income levels in the past must give us a clue to the extent of the difficulties and even hardships encountered by many as costs of all types of commodities and services have increased when pensions and social security benefits do not keep pace.

Earlier I commented on the extent and variety of the activities in which Green Valleyites participate. It is my experience with fellow residents, leaders of service clubs, religious leaders, community organization representatives and just plain homebodies, that there are many lonely people in Green Valley, lonely for family, friends, companionship, and for listeners.

We have a meal service in Green Valley under the auspices of a Tucson agency and supported by Federal funds. As I understand it, this service is available 5 days each week to provide a nourishing, hot meal at noon and the opportunity for those attending to socialize a bit. Those who have no transportation, and I gather there are many such people here in Green Valley, are transported to and from the service by service staff. This is a great service which no doubt could be expanded with additional funds and personnel.

Anyone in Green Valley is familiar with Friends-In-Deed. This is a group of women who are concerned with many needs of our residents. On scores of occasions throughout the year they are called upon to provide transportation for local residents to Tucson medical facilities. A Christmas party is a regular feature for many, including members who otherwise might have a rather bleak Christmas. Volunteer service is rendered our own medical facility and so on. These services mean a great deal to those who render them, as well as to those who receive them. They do highlight some of our problems, health service needs, transportation needs, and loneliness.

Low Crime Rate

Personal and property safety is a very important concern to the majority of our residents. While we are not displeased with our low crime rate, we are concerned with what happens in Tucson and in the desert areas between our two communities and what happens on our international border just to the south. The flashing red lights of the police patrol car stopping alleged participants in illicit traffic of one sort or another on I–19 is not a welcome sight to our residents, even though it signals that the law enforcement agencies are at work. Again, some of our concerns and anxieties over such matters may be borne out of our experiences in metropolitan communities where we saw much of this sort of thing or in small or rural communities where we saw very little of it. Our level of concern is quite high and that concern is real.

I trust these observations are not terribly distorted. They are seen, in a sense, and observed just by one person. I appreciate and thank you for the opportunity to appear before you.

Senator DECONCINI. I thank you for that background. I am familiar with Green Valley, of course, and realize that it is not a pocket of luxury living for all that live there and, indeed, they have their particular problems.

I would like to ask a couple of general questions. One is out of my own curiosity regarding the Social Security Act, which has been liberalized, to some extent. What is your feeling about the limitation on income? Should it be completely lifted or should there be some restrictions? Would any of you care to comment regarding that?

Mr. POHLE. I think it should be lifted altogether.

Senator DECONCINI. Entirely?

Mr. POHLE. I sure do.

Senator DECONCINI. As you know, now there is a earnings limitation of $3,000, I believe. There have been several proposals to change that.

Ms. SMITH. Wasn't social security established for the purpose of the elder generation retiring so that the younger generation could have jobs?

Senator DECONCINI. Yes; that is the reason that the restriction was put in, in order to open up the job market.

Ms. SMITH. I think that the amount of money you can earn after you retire, I think it should be restricted.

Senator DECONCINI. Do you think that the limit should be raised above the $3,000 limitation now?

Ms. SMITH. No; I don't.

Senator DECONCINI. You think it is justifiable at that level?

Ms. SMITH. Except in low-income—I happen to know that there are some people, in fact, I was talking to a girl who works in the tax office, there are some people who are only getting $189 and if there was some way that you could put $3 on there—what is the average social security, $300 a month—it could be brought up to that level.

Senator DECONCINI. The average is $234.

Ms. SMITH. How can a woman pay $600 a year taxes on a home when her income is social security only of $240 a month.

Senator DECONCINI. If she could work, and if she wanted to——

Ms. SMITH. She could make $3,000 and the amount would be added, then, I think, that would be fair, but there is an awful lot of difference.

UNEXPECTED MEDICAL EXPENSES

Mrs. STEINHAUSER KNOWLES. If you have been very fortunate and you haven't had illness and all your retirement plans have been proceeding well, that is fine, but not all are that fortunate.

In this county alone, I know many who planned carefully but, due to circumstances beyond their control, they do not have enough money to live on. I don't mind going on record and telling you, there was a time in my life I had Sterling and Lenox China to set a table, but, due to the unexpected medical costs to keep my father in nursing homes, I had very little to put on the table. It took Mrs. Lupu from Pima council on aging 3 months to talk me into applying for food stamps because I was too proud, but I finally went. So, in spite of the best laid plans, some people may need to supplement their retirement income.

First off, I should tell you I haven't met a senior yet, truthfully, who would prefer to work if he didn't have to.

I have seen them come into the office of Pima Council on Aging in handmade shoes, a tailormade suit, pleading for work—even washing dishes—to help supplement their income. These might appear to be extreme cases, but I have seen it happen in the past years.

Many times it has been brought to my attention and they say to me, "Catherine, look, if I have investments that bring in $1,000 a month or more, I can draw social security the same as you, but if you go to work and you are drawing social security, after a certain amount for every $2 that you earn you have to give back one of those dollars. There just seems to be an unfair situation here."

I think it would be fair to everyone if there were limit on the amount a person could earn in any manner regardless of age.

If a person is competent and doing a good job, I don't think they should be forced to retire because of age. I know old people in the thirties. I know a young lady over at the Jewish Community Center who is in her eighties and she has more pep than some have at 25. This isn't an exception. You have heard today the things some members of the panel are doing. This is exciting.

I don't believe that people will want to remain in the work force; it is a lot more fun to be doing things you enjoy that are exciting. For myself, when I get to be 90, I plan to retire and travel.

Needs Help—But Not Charity

Mrs. Mullen. I have a man that I take care of that gets $159 a month. I know for a fact that he does not go to the doctor and get his medicine when he is supposed to. He has emphysema and heart trouble. He has been real bad. He never admitted that he didn't have the money to go. I would keep asking him when he was supposed to go. I knew he was bad. I would get over there and he would either be in bed or I would have to lift him up because he had been sitting in this one chair for 3 days over the weekend. I was in Washington and the lady that took the meal on Friday didn't see that he had these things where he could reach them. I went on Monday and he had been sitting there since Friday afternoon. He needs help. I don't know where to go to get it. Nobody seems to know. They give me the runaround or something. He is proud. He doesn't want your charity. Somebody like that needs their social security extended just a little bit, I would think, Senator.

Senator DeConcini. You mean raising it?

Mrs. Mullen. Yes.

Senator DeConcini. Does anyone else care to comment?

Mr. Roberts. I would like to add one comment, if I may. I am heartily in favor of lifting the limit. It seems to me there are some people, and I agree with what has just been said here, there are many people who would retire at 65 with or without a limit and who would not work with or without a limit. It seems to me for some people who have been workaholics, if you will, for whom work means everything, there might be great therapy in continuing to work and there might be some contributions of some very able people who are over 65 to make

to our society and our economy if they were permitted to work at a higher level than the present $3,000 level.

Senator DECONCINI. I appreciate that information. The Senate just turned down an amendment, which I cosponsored, to completely lift this limit. There was a substitute amendment that does raise it substantially to $4,500 for the first year. I think it goes up to $6,000 eventually. Perhaps there will be some help.

The Senate has also passed a bill changing the retirement mandatory age to 70, that is, letting the person make their own decision about working after the age of 65.

I am going to have to leave at this time. I want to pay particular thanks to the professional staff people who took the time and traveled this far and prepared their statements, and also for the members of the senior citizens panel. It has been very interesting to us. I thank you all on behalf of the entire committee, the Special Committee on Aging of the Senate, and certainly the chairman, Mr. Church.

I am going to ask that Lois Pfau and Debby Kilmer stay here at this time. Let me ask you to come forward to the microphone and introduce yourselves, your name and address, and please state your concern. Keep your statements as brief and to the point as you can and it will be more helpful to the committee when they review this record.

There are also forms in the back of the room, such as this, that we would welcome from those of you who would like to submit any statement or desire information.[1] We would be glad to have those.

Again, my thanks to KUAT for their coverage of this. I hope that the populace in this county has an opportunity to see the program and get the same benefits that I have had.

On behalf of the committee, we thank you all for attending today.

I will turn the meeting over to Lois.

Ms. PFAU [presiding]. There were some folks from Pima County who would like to make a statement first.

Phil Hamilton is from the Pima County Health Department.

STATEMENT OF PHILIP HAMILTON, HEALTH ADMINISTRATION OFFICER, PIMA COUNTY HEALTH DEPARTMENT, TUCSON, ARIZ.

Mr. HAMILTON. I thank you. I have good news and bad news. First, the good news. All the speakers were right and were altogether in terms of evaluating the problem. The bad news is that everything they said was true; all those problems really exist.

Let me be very brief, though, and let me go to two very specific things. First of all, in terms of title XX, we have a difficult systems problem wherein you can help us with a change in the rules and regulations. Under a section of the Code of Federal Regulations, 45 CFR 228.56, the notorious 50 percent rule, the code specifies that 50 percent of Federal dollars must be spent on categorically eligible recipients. In Arizona, categorically eligible means SSI recipients only. We have no medicaid and most elderly persons do not receive AFDC, that leaves only SSI. This limitation forces us to concentrate our services on the poorest financially, but not necessarily the most needy

[1] See appendix 2, p. 758.

people. Many elderly people are in dire need of services available under title XX, but most are not SSI eligible. If the 50 percent rule could be waived or the categorically elgible percentage to be served made smaller, we could concentrate services on those who need them most.

Agency Coordination Needed

One other problem relates to the integration of services. It was referenced earlier in testimony that many of the Federal regulations regarding services and service eligibility put conflicts between one program and another. This is very dehumanizing. This is very difficult both for the elderly Americans and the social service worker to have a barrage of many questions and to have four or five different agency personnel coming into your home and asking personal questions about the intimate details of your life in order for you to qualify for something you desperately need and are entitled to. If care could be taken in the development of Federal regulations so that programs like medicare, SSI, food stamps, title XX, or any other Federal programs, would have compatible information requirements, if we could develop a single intake process to facilitate this embarassment, this delving into one's personal history, we could protect the dignity of the individual and remove another obstacle from the path of services that are needed.

Quite honestly, my experience in operating title XX programs in the county has been that many people will simply get up and leave before they will give out all that personal information that the Federal Government requires.

I would ask you that in developing the criteria for programs, see that they are compatible and make legislative incentives possible for us to develop single data requirements. After all, the information about us seldom changes, only the person requesting the information.

Thank you.

Ms. Pfau. Thank you, Mr. Hamilton.

As the Senator said earlier, we have a group from Maricopa County that have come a great distance to testify today.

Mr. Reed, would you like to say a few words? Then you can introduce anyone else you might have with you.

Mr. Reed. I have submitted a paper[1] and I would like to have it submitted as part of the record. I will not take the time and go through it.

Ms. Pfau. Thank you, Mr. Reed. We will do that.

I believe you have some folks you want to introduce.

STATEMENT OF UNA RAMSEY, WITTMAN, ARIZ.

Ms. Ramsey. I am Una Ramsey from Wittman.

We do need more transportation for the elderly for shopping and to their doctors, friendly visits to those who are not able to be out.

Ms. Pfau. Thank you very much.

STATEMENT OF LENA DE HART, WICKENBURG, ARIZ.

Ms. DeHart. I am Lena DeHart from Wickenburg.

[1] See appendix 1, item 6, p. 749.

I want to thank all of you because you hit the nail right on the head. Our nutrition center is not adequate, but we are still in there pitching. We do have meals for 50 or 60 people a day, plus our meals-on-wheels. As I say, it is inadequate as far as space is concerned, but we do have marvelous volunteer help.

Thank you.

Ms. PFAU. Thank you, Ms. DeHart. We do forget sometimes that Maricopa County does have rural areas and I am pleased that you came here to remind us of that fact.

STATEMENT OF MARY ELLEN HAYS, WICKENBURG, ARIZ.

Mrs. HAYS. I am Mary Ellen Hays from Wickenburg.

One of the main things I would like to bring out is that rural areas are so much further away that we need more money to do the same things that you do in town.

We need a larger multipurpose service building that will provide comprehensive social services, transportation, homemaking, nutrition, health screening, and information and referral.

We need a comprehensive health care center in each of our local communities. The Wickenburg area is in the northwest corner of Maricopa County. It contains 1,860 square miles, with eight small communities, only one which is incorporated. This means that folks who live way out in the desert are 54 miles from services in Phoenix. We need glasses and dental health and hearing aid help. We need to use the Wickenburg hospital for county patients and bill the county for the care. It is too far to the county hospital. We need a nursing home.

We also need new housing. We are getting some repairs for the houses that we own, but we need more. Our rental houses are very much substandard because the owners can rent them for high prices without fixing them up.

We also need police protection, reduced travel rates, and reduced utility rates. I wish that the police protection could be State police. In these isolated towns like Aguila, a woman committed suicide and it was 4 hours before help came. They do have a sheriff-type car meander through the territory. Wittmann now has troubles because the police cars go through on a certain fixed schedule, and the kids know it. After they leave, the kids come out and drive like maniacs. We need State police who are well trained, equipped, and can follow through across county boundaries.

We need comprehensive health care centers—mainly for preventive care, which could be shared by the very young. This could be an equipped bus, with a set schedule to each of our eight communities. It could also be sent to disaster areas all over Maricopa County.

RSVP has been of much help to our volunteers. If the miles allowed could be doubled, it would be of great help for us. We have 54 miles to go, one way; RSVP allows 25 miles round trip. We need RSVP transportation money so that the elderly may go grocery shopping.

NUTRITION CENTER NEEDS EXPANDING

Our area on aging nutrition center is meeting minimum needs and should be allowed to serve more people, particularly October through

March. Volunteers are willing to serve because it is for all elderly, not just the poor.

We need title XX to continue. We have needed the homemaker services for many years. It is working well. Please allow it to be continued. The "in-home support services" is very necessary. Please extend it beyond 1 year.

We must find ways to change the image of the community action offices to be one of emergency help for all people. The old "poor will always be poor and need a handout" saying must be eliminated. The original OEO plan under Sargent Shriver was to educate the poor and minorities so they can change their ways and provide for themselves. Closer cooperation between area aging agencies and community action will help get this accomplished.

Thank you.

Ms. PFAU. Thank you, Mrs. Hays.

STATEMENT OF NEELY E. WILLIAMS, BUCKEYE, ARIZ.

Mr. WILLIAMS. I believe that everything I have to say has already been said. I am Neely Williams from Buckeye, Ariz. I happen to be president of the senior citizens organization.

For just a little bit of history there. I was told that we are the only senior citizens organization in Maricopa County that is incorporated. We have been incorporated for over 5 years at least, for whatever benefit it may be. I really don't know yet. We haven't found it to be any drawback either. We have been complimented on that by a few organizations.

To us out there, to hear some other people talk, I think we are doing quite well. We just need more of everything. We are short of personnel to do the jobs. While our volunteer help is real good, it just isn't enough. We are a little town of a little less than 3,000 official population. We have quite a percentage of elderly people. We have quite a number of people 50 years or so that are disabled and cannot work. I heard a comment awhile ago on our snowbirds. Well, we have some of those too. Some of them show up at the senior citizens center. While they spend all the money that they have while they are here, they can't spend any more than what they have. So the merchants like to see them come. We do too, of course, I'm sure. I was a snowbird 6 years ago. I came to stay. I haven't been out of the State since I came.

The need for better buildings, all of the senior citizen centers I have been to so far are old and delapidated, just like we are. I think it is kind of a disgrace to be pushed into a grubby old building us guys served in 40 years ago, to me it seems like kind of a disgrace, then, that it is that way. I could get off on another track there. There are about 30 million men in the United States and some women that have served in the Armed Forces. They didn't do that because they wanted to, most of them. They did that to maintain and make a better life for themselves and their families. There is where it bounces back to the grubby old barracks we used to train in, in 1942.

MULTIPURPOSE CENTER SUGGESTED

Quite a few of you people here, I know, are in the same position or in the same place I was. At the time the barracks were built new, they

were adequate for a quick job. A good well planned multipurpose center would get those offices where people would know where all of them were. Everything should be in one complex. I am not an engineer, I am not a designer, but I believe I could figure out something that would work.

I can see that a lot of people here today are concerned about what is going on, what should be. One of the ladies was talking about finding somebody that had been down 2 or 3 days. That happens quite often. We had a gentleman about 3 or 4 weeks ago. He was found in his home when they delivered a meal to him. He had two sisters living right there in town and they didn't know he was down. They just don't see him every day. Things like that happen to people when they get to where they can't take care of themselves. They need better care and oftentimes the rest home is not the answer. Nobody else knows what the answer is, really. They do need somebody looking after them more closely.

I appreciate the time you have given me. I don't feel that repetition could do any more. Everything that I had to say has already been said. I appreciate it and thank you very much.

Ms. PFAU. Mr. Williams, we thank you for coming all this way.

Mr. WILLIAMS. I had to get up at 20 minutes of 6 this morning. That is too early for me.

STATEMENT OF MRS. O. B. HARRIS, BUCKEYE, ARIZ.

Mrs. HARRIS. My name is O. B. Harris. I am here from Buckeye too. I didn't get up to make a long talk. I want to bring in some of the needs. I am from a community that needs a homemaking service for the people that are not able to take care of themselves. They need help; also recreation. We have such a little building. It is not big enough to cook in, let alone to have recreation in. We feel that we need a larger space, a larger room. We need a whole new building. We need a 24-hour health care service. That is something else we need. We are quite a ways—36 miles—out of Phoenix. It is going to cost you a great big amount to go see those doctors. Some of the people are just not able to do it. Some of them don't even have transportation to go. We need a van. Also, we need better housing. So many of the people here don't have good housing to live in.

In other words, we need food, clothing, shelter and counseling. Before they started changing the highway to make a new highway, the highway came right through Buckeye. We get so many people. They come in there with families with as high as 10 sometimes. They don't have no shelter. We don't have no houses there. They go to the CAP office and they send them to us. We don't have it. We need more housing. We also need homemakers to keep house for the elderly that is not able to take care of themselves. There is people that have nobody to look after them. They are all alone there by themselves. We need a service center that will house all the agencies, such as the CAP office, nutrition, and that will provide a large portion of the service, and, most of all, we need transportation.

We need such things as (1) homemaker services for the aging who live alone and can't take care of themselves; (2) a recreation center—we don't have room to have social meetings of the aged to get together

and enjoy each other and others; (3) a health service care center—we are 35 miles from a hospital and so often we can't get people there in time; (4) a better water system—some is so bad some people have to haul their water to drink and cook with. Buckeye water and Allenville water are so bad—especially Allenville, 1 mile away from Buckeye—you can't put it on anything but grass because it kills everything that grows.

Ms. PFAU. Thank you very much, Mrs. Harris. It sounds like some folks agree with you.

Yes, sir.

STATEMENT OF ELMER SERASIO, EL MIRAGE, ARIZ.

Mr. SERASIO. I am Elmer Serasio from El Mirage.

Well, everything has been said that I came over here to say. We still need consultation, better transportation. We don't have transportation to take out meals, which we could use. Everything else has been said. Well, we could use more money. We could use a bigger building. We are cooking in old barracks, like Mr. Neely Williams said. That is about all I came to say.

Ms. PFAU. Thank you very much for coming to testify.

STATEMENT OF IRVING BART, TUCSON, ARIZ.

Mr. BART. My name is Irving Bart. I live here in Tuscon, right outside the city limits. I am in the county. Thanks to Gloria Dulgov, and Evangeline Broner—they opened up Fort Lowell for a new center and we really worked it up from a group of about 10 people. We have over 50 now. I am glad to say that we should extend a little further and open up some more of these centers where we cannot reach the people that are isolated in different sections of the county, not only in the cities, but in the county. We have the southeast. We should open up a center there. I am almost sure that she has that in mind because I heard a little rumor.

I also wanted to say that they should open up a little further out too because there are people there who cannot come out. They are isolated, they are sick, in wheelchairs, they cannot get out. We should have some other centers to open up.

Each center should have at least one, preferably more, pickup vans, depending on the number of people they must transport. They could also use these vans to service shut-ins who need a warm meal, and to check on them as to their needs.

I also at this time want to put a word in for the county. The county, thanks to Gloria, she got after them and they gave us a building there that doesn't cost us anything. It is a nice building. We painted it, put up curtains, we made it look like a home and the people there are very happy.

I just want to compliment Gloria, Evangeline, and Betty while Evangeline was sick, she came down and helped too. It was really more or less like a family there.

Ms. PFAU. Thank you, Mr. Bart. I have visited Fort Lowell and I agree with you, it is a beautiful place.

STATEMENT OF CHARLES KNOWLES, TUCSON, ARIZ., PRESIDENT, COUNCIL OF SENIOR CITIZENS ORGANIZATION OF PIMA COUNTY, ARIZ.

Mr. KNOWLES. My name is Charles Knowles. I am on the Governor's council on aging. I am also president of the council of senior citizens organization of Pima County. Since much of Pima is rural, I had intended to testify on the needs of the rural people, but everything I could have hoped to have said has been said far better by the people themselves, so I will not be repetitive.

I do, however, want to mention a letter I received which I was asked to read into the testimony. It is from Mrs. Dorothy Powell, senior coordinator of the sixth dimension for people over 60 program of our community colleges and senior adviser at Pinal Community College. I read it carefully. It says again and again what you have heard here today. I will not read it and repeat it. I will turn it over to you to put into the record.

Thank you.

Ms. PFAU. Charlie, thank you very much.

Mr. Laudeman.

STATEMENT OF G. D. LAUDEMAN, WILLCOX, ARIZ.

Mr. LAUDEMAN. I am G. D. Laudeman from Willcox.

I want to stress this transportation. We have got desperate needs in our town. If we had a nutrition bus, it would help. The way it is, Willcox is up in the corner and we are set off kind of by ourselves. We don't have any emergency transportation. Myself and my wife, we were furnishing the emergency transportation under this RSVP program and they cut the program off. That leaves us without anything. Right now I am picking up the nutrition projects. My insurance, I am paying $200 a year. If I had an accident, it wouldn't help. I think there should be something set up for some kind of help for funding the transportation at least for an emergency. The people at Willcox don't have it easy. There was one party we had to bring into Tucson three or four times for an emergency. She had an operation on her eye and the stitches broke loose. I would say that is an emergency. Nobody would bring her in. We brought her in here three or four times. If it hadn't been for us, I don't know what she would have done. You know, these pensions, they just stretch so far.

That is all I have to say.

Ms. PFAU. Thank you very much, Mr. Laudeman.

This concludes our hearing, then, if there is no one else who has a statement to make. Thank you all for coming. I know a lot of you came great distances. We appreciate your coming.

If there is anybody else that would like to fill out one of those blue slips for additional information, they are available.

Thank you very much.

[Whereupon, at 4:40 p.m., the hearing was adjourned.]

APPENDIXES

Appendix 1

MATERIAL SUBMITTED FOR THE RECORD

ITEM 1. STATEMENT SUBMITTED BY DOROTHY POWELL, SENIOR ADULT SPECIALIST, PINAL COUNTY (ARIZ.) COMMUNITY COLLEGE

THE NEEDS OF THE RURAL ELDERLY

The established philosophy of the community college indicates that we have a responsibility to serve people of all ages, hence we have worked to develop effective educational and related services for our senior adults. We have an active senior adult advisory board which will continue to survey wants and needs and to help coordinate existing programs and services. Since we are located in a rural area, we are acutely aware of many of the needs of the rural elderly, and join others in asking whether Federal programs are serving less populated areas of the Nation equitably. We recognize the steady increase in the number of older persons in Arizona—79 percent during the sixties (according to the Governor's Task Force on Retirement and Aging, 1976), and that many of them are choosing to live in smaller communities away from population centers.

Medicare is supposed to serve all participants fairly. Older people pay out the same premiums, deductible and coinsurance rates, but they don't receive equal benefits in return. The rural elderly need:

Health services and nutrition

(1) Access to dentists, doctors, and hospitals.

(2) Nurse practitioners and physician assistants practicing in rural health clinics.

(3) Reduce the heavy Federal demands placed upon hospitals in smaller communities.

(4) Inclusion of coverage for podiatry, hearing aids, eyeglasses, dental care, and dentures, and prescription drugs in medicare.

(5) A research and demonstration project set up to provide a portable medical unit to make home visits to the ill elderly and to move into neighborhoods to treat patients.

(6) To encourage medical and dental associations and the University of Arizona Medical College to provide incentives for physicians and dentists to practice in rural areas.

(7) Increase availability and use of home health services.

(8) Expansion of assistance through the State ombudsman for nursing homes.

(9) Provision for an expanded nutrition program.

(10) Homemaker services to help prevent premature institutionalization.

(11) Chore services, handiman services—designed to help individuals maintain their homes and keep them presentable.

Housing

The development of low-cost housing, possibly through church and other nonprofit organizations.

Transportation

(1) More funding, including mileage for volunteers in rural areas who drive senior citizens to doctors, hospitals, and clinics, and who deliver meals-on-wheels.

(2) Help in securing vehicles from the Urban Mass Transit Association.

(3) Studies of the feasibility of coordinated transportation on a regional basis.
(4) Transportation to provide rides to senior centers, doctors, shopping, etc.

Senior centers

Legislative support to provide minimal funding to communities that plan to develop senior centers.

Education

(1) Community college help in providing education/recreation/socialization programs in senior citizen nutrition and other centers.
(2) To encourage community colleges to become training institutions for paraprofessionals in the broad field of gerontology and to provide related services.
(3) To encourage the community college concept of reaching out into the community wherever the people are to serve their needs in continuing education, education in skills, in leadership, and in the expansion of their horizons; and in order to do this, that tuition be waived or reduced and senior adults be permitted to enroll in courses on a space-available basis.
(4) A consortium in gerontology developed by the three Arizona universities.

ITEM 2. STATEMENT OF BYRON L. BISSEL, SOCIAL SERVICES PROGRAM MANAGER, DISTRICT VI, ARIZONA DEPARTMENT OF ECONOMIC SECURITY, BISBEE, ARIZ.

First, let me introduce myself. My name is Byron L. Bissell and I am the social services program manager for the Arizona Department of Economic Security, district VI, which includes Graham, Greenlee, Cochise, and Santa Cruz Counties in southeastern Arizona. I am also the hospital social worker for the Copper Queen Hospital located in Bisbee, Ariz., which has a long-term care facility for the elderly. And I sit on the southeastern Council of Governments Advisory Board for Area Aging Council.

I attended the Special Senate Committee hearing on the problems of the rural elderly which you chaired in Tucson, Ariz., on November 7, 1977. I did not present testimony at that time, as I felt that the time would be better utilized by having the citizens present their feelings of the problems of the rural elderly verbally to you and I could present my comments to you in writing as I am doing at this time. I agree with the majority of the comments made at the hearing and agree that the major problems faced by the elderly, particularly the poor elderly, are health, transportation, housing, isolation, nutrition, recreation, and activities of the social nature. In summary, what they are saying is that in our society the elderly have a difficult time taking advantage of the resources available to the rest of the members of society. If we make the basic value judgment that the elderly, whether they be in the rural areas or in the urban areas, have a right to utilize these resources and have the right to have those barriers which prevent them from utilizing those resources removed, then we must face the fact that we must spend a certain amount of dollars in order to provide a life for the elderly members of our society that is comparable to that of the younger and the middle-aged members of our society.

But then the basic question which has not been dealt with, let alone answered, is: Do we as a society want the elderly to have the chance for quality of life comparable to that of our nonelderly population? Because we have not answered that question, programs that provide services have been developing on the fringes, through circumvention of the laws, policies, and regulations that exist. This results in a large expenditure of tax moneys on an ineffective and inefficient service delivery sysem. This hodgepodge of programs developed by concerned and dedicated individuals and groups does not have a clear mandate from society as a foundation.

My first plea is that a mechanism be developed and implemented which will allow society to make this basic value judgment. We do have the means to do this, as national TV has done on several occasions with surveys and tests. Senator, let's find out what the people of the United States want as a life standard for our elderly, then develop programs based on that mandate.

The following are the more serious problems in addition to the lack of a mandate that prevents a good system from developing to raise the quality of life for the elderly in this country. There does not exist a Federal or State law which deals with the concept of adult protective services; that is, we do not have in our statutes adequate laws that protect adult people who are unable to care for themselves; who are unable to make decisions about the course of their lives. I realize

that this is a very complicated matter and one which deals with a person's right to choose his own lifestyle. Working at a hospital which has a long-term care unit, this problem faces me every day. We have patients who are senile, whom the doctor, the family, friends, or other relatives do not feel should be allowed to go home, yet that person wants to go home. So we fool that patient by telling him that he cannot go home. That patient doesn't know that he has the right to free choice and say "I have not been declared incompetent, therefore I can choose to stay or to go, and I choose to go." No we delude them, therefore usurping their right to free choice in their own best interest. We need to develop Federal and State laws that provide protection for the elderly in a positive manner and which do not take away their rights inappropriately.

Another problem lies in the fact that the funding mechanisms for services to the elderly encourage dependency of the elderly either on their relatives or on the system. Most of the payment systems for care of the elderly encourage the placement of the elderly in nursing homes, long-term care units, boarding homes, rather than encouraging that services be provided in the person's own home. An example of this is a long-term care unit at the Copper Queen Hospital in Bisbee. The costs of the long-term care unit are approximately $48 per day. The staff of the long-term care unit have a very definite value conflict in that they feel the patients should not remain in a long-term care unit forever; it should not be a permanent residence. At the same time, they have the quandry of keeping the beds full in order to sustain the expenses of operating the long-term care unit. Personally I, as a Social Worker in a long-term care unit, often find myself in the middle of a quandry of recommending that the patient go to another placement or go home, while at the same time realizing that that is going to take away a significant amount of funding for the operation of the long-term care unit. Ultimately, if we send a significant number of people home, we would have to close down the long-term care unit because there would not be funds enough to keep it open. This would also be bad as there are people who need this type of service. We must develop a system of payment for the care and alternate living arrangements away from the person's home that encourage the return of the patient to his own home. We must encourage, unfortunately through money, physicians and other care keepers to provide services in a patient's own home and not in a nursing facility where it is more convenient for the staff to provide that care but less convenient for the patient.

As an effort to bring home the point of providing in-home services rather than institutionalization, I feel I must relate to you the acute loneliness, the lack of privacy, the patronizing nature of care, and the general dehumanization of a person in a nursing home or a long-term care unit. This is pitiful and is a situation of which we, as a society, should be ashamed. This problem has an answer, and that is a funding system which encourages in-home services which encourages the independence rather than dependence, and one which will increase the quality of life for an elderly person rather than "warehousing" him.

The final issue I would like to raise is one that I am not sure even the Congress or the Senate of the United States can resolve, and that is competition between the service delivery agencies. At the hearings on November 7, 1977, I heard many of the speakers express the fact that we do not have service providers in the rural areas. This is not a totally accurate statement. Many times there are plenty of service provider agencies in the rural areas; the problem is that they bicker with one another and feel that this agency or that agency can't do or won't do an adequate job. This does increase the illusion that services do not exist. An example of this is, in district VI of southeastern Arizona, the Department of Economic Security exists in each county and the Department of Economic Security is a service provided. As the social service program manager in district VI, I have expressed interest in increasing the services to the elderly by developing a grant for chore services. Being a part of various groups who are working for increased services to the elderly, we have more than once expressed to these groups our desire and willingness to increase services and yet, at a hearing such as the one you held, we hear statements that there are no service providers. If the petty bickering, the competitiveness, the "you're bad" syndrome, and the jealousies could be eliminated we would be taking a giant step toward increasing the services available to the elderly. The resources to provide these services are extremely limited and cannot withstand the waste or petty jealousies, petty personality conflicts, or whatever else causes professional agencies to distrust, dislike, and interfere with one another.

I hope I have been able to communicate to you the three major problem areas which prevent our elderly from having the quality of life they deserve.

Thank you.

ITEM 3. STATEMENT OF GWEN BEDFORD, LEGISLATIVE CHAIRMAN, ARIZONA COUNCIL FOR SENIOR CITIZENS

Review of conditions among the elderly residents of Arizona in general and of Maricopa County in particular quickly reveals that inadequate attention with respect to funding and programing at the national level is being directed toward meeting the needs of the rural segment of our 60-plus age group in the State as a whole and in Maricopa County, the area agency on aging region I planning and service area. At the national level, major emphasis is placed on a target group head count in a particular area based on the U.S. census, with minimal concern as to what the character of the geography is or how the target group is distributed.

At least three imperatives calling for clear-cut recognition at the national level are the following:

(1) The 669,005 population with its urban elderly in Phoenix should not be penalized so that the rural elderly in Maricopa County can be provided with the services they need;

(2) The rural elderly in Maricopa County outside the city of Phoenix should not be paying a high price in critical, unmet needs for living in the country instead of in the city; and

(3) In view of the fact that (a) Arizona and the metro-Phoenix area have a narrow tax base, and (b) the elderly hold a generally unfavorable position in the competition for such funds as State and local government can provide, a new approach to the allotment of the Federal funds needed to provide services for both the urban and the rural elderly should be developed.

In developing this new approach, there are a number of important factors, including differentials, which should be considered. To highlight them, Massachusetts was selected as a basis for comparison for the following reasons: (1) The State is one of the Thirteen Original Colonies; (2) its physical size is far less than that of Arizona and just slightly less than that of Maricopa County; and (3) the State is one of the pioneers in the development of a statewide, comprehensive approach to providing services for senior citizens.

The analysis to follow is based on the best available data on hand and is subject to both improvement and refinement. Hopefully, it will provide clarification for some of the characteristics of our State and our planning and service area which should be taken into account in the allotment of funds.

Land area.—Arizona is the sixth largest State in the United States with a land area of 113,909 square miles. The State has only two areas classified by the U.S. Bureau of the Census as "standard metropolitan statistical areas" (usually referred to as SMSA's), namely, Phoenix/Maricope County and Tucson/Pima County. Maricopa County covers 9,226 square miles and Pima County covers 9,240 square miles. Three of Arizona's other counties exceed 10,000 square miles in area.

Massachusetts has a land area of 8,257 square miles and 10 acres classified as standard metropolitan statistical areas, with five of the largest centered in Boston, Lawrence, Lowell, Springfield, and Worcester. In area, Boston is the largest with 1,288 square miles and the smallest of these five is Lowell with 179 square miles.

Land ownership.—Only 18 percent of Arizona's land is owned by individuals or corporations. The remainder comprises lands of the Indian reservations (26.6 percent), the U.S. Bureau of Land Management (16.7 percent), the U.S. Forest Service (15.9 percent), the State of Arizona (12.8 percent), and lands under other ownership (10 percent).

In Maricopa County and Pima County only 27 percent and 14 percent, respectively, is privately owned.

These percentages mean that the State and the two metro areas have a very narrow tax base, in sharp contrast to Massachusetts which has only 1.6 percent of its land under Federal ownership.

Population: State and SMSA's.—Arizona's population has grown from a total of 1,775,399 in 1970 to 2,350,100 (preliminary estimate) in 1977. Maricopa County

and Pima County have grown from totals of 971,228 to 1,292,000 and from 351,667 to 468,100, respectively, in that same 7-year period.

As of 1970, the Massachusetts total was 5,704,000 and the totals for the Boston and Lowell SMSA's were 2,899,000 and 218,000, respectively.

Population density.—In density, Arizona averages 19.9 (15.6 in 1970) persons per square mile. Maricopa County and Pima County average 140 and 50.7 persons per square mile, respectively.

As of 1972, it was estimated that 11,532,000 acres of the public lands in Arizona were vacant.

Massachusetts had 727 persons per square mile in 1970. Boston and Lowell had 13,936 and 6,929 persons per square mile, respectively (in central cities, 22.1 percent and 43.2 percent of SMSA) as compared with 3,103 (60.1 percent of SMSA) in Phoenix and 3,709 (74.8 percent of SMSA) in Tucson.

Population: Metropolitan, urban and rural.—As of the 1970 census, 79.6 percent of Arizona's population was classified as urban, leaving 20.4 percent classified as rural. A 9.2 percent increase in the rural population occurred between 1960 and 1970. In 1975, the percentage classified as metropolitan increased only slightly from 74.4 percent in 1970 to 74.9 percent. In this connection, it should also be noted that nonmetropolitan Mohave County had the greatest population gain of all the counties in the State with an increase of 44.5 percent from the 1970 census to 1975. Nonmetropolitan Coconino County placed second with a 35.4 percent gain.

In Massachusetts, the 1970 population was classified as 84.7 percent metropolitan, 84.6 percent urban, and 15.4 percent rural. The 1970 population of the Boston SMSA had 641,000, or 22.1 percent living in central cities. Of the 218,000 in the Lowell SMSA, 94,000, or 43.1 percent, were living in central cities.

The 65-plus agen group.—As of 1971, there were 186,000 persons in the 65-plus age group in Arizona, a total that has increased to 232,975 in 1976 and an estimated 245,000 in 1977. The 1976 total in this age group for Maricopa County was 138,250, for Pima County 46,500, and for the nonmetropolitan counties 48,225.

In Massachusetts in 1971 there were 645,000 persons in the 65-plus age group with a projected growth rate of 9,500 a year.

Maricopa County: Distribution of the retired households.—Consistent with population totals, 50,000 of the retired households in the county are in the city of Phoenix. Also consistent is the concentration of retired households in Sun City and Youngtown—both retirement communities—combined with Peoria. Of all the households in these three communities, 16,000, or 72 percent are retired.

Chandler, Gilbert, and environs rank next with 10,000 households representing 34 percent of the households in the area. The Mesa/East Mesa area also has 10,000 or 25 percent, of its households living on retirement income.

Scottsdale is at the 22 percent level with 7,000 retired households.

In the expense of the West County—Wickenburg, Goodyear, Avondale, Buckeye, and Gila Bend—the dispersion of retired households becomes evident in the 6,000, or 19 percent of the households in the area.

Glendale has 4,000 or 17 percent of the households in the area.

Tempe and Guadalupe combined has 3,000 retired households representing the 8 percent level for the area.

Maricopa County SMSA: Time/Distance.—In contrast to the city of Boston with its land area of 46 square miles, the city of Phoenix has an area of 247.9 square miles. Due to physical spread and other factors, some sections within the city limits are just as rural as if they were located 100 miles out in one of the nonmetropolitan counties. South Phoenix, originally the location of ranches, is still primarily rural rather than urban in many respects.

To give some idea of the expanses involved in providing services to the elderly in Maricopa County, distances of some of the County's communities from Phoenix are: Aguila, 84 miles northwest; Apache Junction and the Maricopa/Pinal County line, 30 miles east; Buckeye, 30 miles west; Cave Creek/Carefree, 15 miles northeast; Chandler, 23 miles southeast; Gila Bend, 64 miles southwest; Glendale, 8 miles northwest; Mest, 15 miles east; New River and the Maricopa/Yavapai County line, about 40 miles north; Sentinel and the Maricopa/Yuma County line, about 120 miles southwest; Sun City, 12 miles northwest; Tempe, 10 miles east; and Youngtown, 17 miles northwest.

The "West County" referred to in the preceding section of this discussion is a large area of some 60 miles from Avondale on the east to the Yuma County line on the west and about 130 miles north to south from the Maricopa/Yavapai County line to the Maricopa/Pinal County line.

Isolation and long distances between centers of population involving blocks rather than minutes of travel time combine to increase the costs of providing services. Furthermore the senior center in the small community is more often than not the one and only facility available to the community's older residents. In such cases meaningful services are not provided if the senior center is operated on a part-time or even a half-time basis. Senior center operation on the basis of an 8-hour day involves more staff time and a generally higher level of activity than operation on the basis of a 4-hour day. Longer hours also increase program costs.

Maricopa County SMSA: Transportation.—The elderly in our planning and service area depend heavily on the private automobile and the special transportation services supported in large measure with funding under the Older Americans Act. Public transportation in the city of Phoenix bears little resemblance to the MTA or the railroad system in metropolitan Boston. The Phoenix bus system offers a limited route structure and transfer system, service during the day only, severely limited service on Saturdays, and no service at all on Sundays and holidays. Thanks to Federal regulations, the elderly can ride at a reduced fare, 15¢ instead of 35¢ in zone I and 20¢ instead of 40¢ in zone II.

In the absence of a metropolitan transit authority, service to nearby communities is generally spotty, dependent on interstate bus lines, or nonexistent.

In a recent survey, more than 70 percent of the respondents stated that lack of transportation prevented them from using the services available to them. Since transportation is a priority need, our investment of program funds in special transportation is necessarily much higher than that required in other areas where local and regional authorities assume greater responsibility for providing mobility.

Maricopa County SMSA: Availability of service providers.—Due to the population distribution pattern of the Phoenix metro area, service providers have their headquarters in the city of Phoenix. Service providers in the rural areas are few and far between. At the present time, the major portion of nutrition and social services to the elderly are being provided by the Aging Services Division of the Phoenix Human Resources Department and the Maricopa County Community Services Department with the support of funds allocated under the Older Americans Act.

The City of Phoenix Aging Services Division has been gradually expanding services as funds become available to sections of the city where the larger concentrations of the elderly are living. Maricopa County Community Services, with resources that are restrictive in terms of the job to be done, has expanded its programs to cover some of the most underserved areas of the county and has, in some cases, provided the only service facility for the elderly in the community. The older Americans program of the Legal Aid Society has expanded to an extension service through the lawmobile which circuit-rides the county stopping at senior centers on a regular schedule. The home health aide program of the Maricopa County Health Department is in the process of expanding county-wide.

Maricopa County SMSA: Current funding.—Our planning and service area receives 44 percent of Arizona's title III allotment to provide social services for more than 57 percent of the State's 60-plus population.

With the high concentration of elderly people in the city of Phoenix and the dispersion of the rural elderly over a land area larger than the whole State of Massachusetts, "equalizing" service coverage for all the elderly residents of Maricopa County is, for all practical purposes, a lost cause unless corrective action with respect to funding levels is taken in Washington, D.C.

ITEM 4. PAPERS SUBMITTED BY JOSEPH B. MANN, ASSISTANT PROFESSOR, SCHOOL OF SOCIAL WORK, ARIZONA STATE UNIVERSITY, TEMPE, ARIZ.

REACHING OUT TO THE RURAL ELDERLY SERVICES TO RURAL AMERICA

(By Gary E. Means, DSW; Joseph B. Mann, MSW; and David Van Dyk, Arizona State University School of Social Work)

The rural elderly face many barriers to their utilization of human services, not the least of which is the shortage of available services. Although this shortage is of critical importance, a concern of equal magnitude is that of the barriers to utilization encountered by the elderly in relation to existing services.

Factors which interfere with the elderly's desire or ability to utilize the available resources may be conceptualized as being utilization barriers. Although there may be a wide range of potential "barriers" to service utilization, viewing the elderly as "consumers" suggests the need to examine the individual consumers perception of barriers. Therefore, this study will examine barriers as the elderly from a rural area of Arizona perceived them.

In order to explore how these barriers effected service utilization, a series of tables will be exhibited and analyzed. Both objective and subjective data will be presented in order to solve the riddle of service nonutilization.

The data that is presented is based upon the survey responses of 122 randomly selected noninstitutionalized persons over the age of 60. These respondents resided in two rural counties in the State of Arizona—Pinal and Gila counties. The survey was conducted in October to December 1975.

Knowledge, or lack of knowledge of available services, may be a primary barrier. If a person does not know of the existence of a service, he or she will not be able to make a choice about seeking the service. In order to answer this question, each respondent was asked if they had heard of each of the 22 selected social services and programs. The average knowledge of the selected services was very low. An average of 42.7 percent of the elderly were knowledgeable of the services, while an average of 57.3 percent had no knowledge of the services.

The first table to be presented contains data given by the rural elderly as to why they did not utilize the limited available resources. The table presents a summary of the major categories of barrier areas which the elderly identified in response to the question, "If you need this service, what is the major reason you are not using the service?"

TABLE 1.—*Reasons given by the rural elderly for not utilizing services*

	Percent
Transportation	50.0
Ill health	31.3
Self-Identity	18.7

From an examination of table 1, it can be observed that transportation was the major perceived barrier in the rural area (50 percent). For this table, "transportation" refers to problems in getting to and from the social service agencies. For many of the rural elderly, the services that were essential for solving problems may have been literally inassessable. Many rural elderly also reported that their personal health interfered with the consuming problem solving resources. This is indicated by the responses from 31.3 percent of the elderly in the rural area who said that their health barred them from using the resources available to aid them in problem solving.

The third factor which the rural elderly expressed as a barrier to service utilization was their personal self-identity. This is the issue of the elderly's pride and cultural norms and values. After providing for their own needs and solving their own problems, many elderly in the rural region (18.7 percent) reported that not seeking out assistance was a matter of preserving their self-identity.

To gain a greater understanding of these barriers, individual tables dealing with the barriers will be presented. These tables will present data concerned with transportation, health, and self-identification related issues.

TABLE 2.—*Transportation modes of the rural elderly*[1]

(What means of transportation do you use most often?)

	Percent
Respondent drives	61.7
Spouse drives	7.5
Family drives	22.5
Bus	.8
Taxi	.8
Walking	5.0
Other	1.7

[1] Taken from Means, Mann, 1976.

Table 2 indicates the percentages of the elderly population in the rural area who could not provide their own transportation and must depend upon others. It can be observed that in the rural area 38.3 percent of the elderly population studied was unable to personally provide for their own transportation needs.

These rural elderly were without the problem solving asset of personal transportation. This is especially critical due to the paucity of public transportation in most rural areas. This absence of mobility may force these rural elderly into a position where they cannot utilize available resources even if they exist.

It has been demonstrated that lack of transportation may be associated with an interference in utilization of services. The elderly's health may also be considered a substantial utilization barrier. If an elderly individual's health is "poor", this may restrict their movements and bar them from seeking out available resources.

TABLE 3.—*Health status of the rural elderly*

(In general, would you say your health is:)[1]

	Percent
Very good	18.9
Good	29.5
Fair	38.5
Poor	7.4
Very poor	4.1
No response	1.6

[1] From Means, Mann, 1976.

Table 3 indicates that poor health affected an imposing segment of the rural elderly population studied. In the rural area 12 percent of the elderly considered their health to be either poor or very poor. However, the limitations in seeking out services is not isolated to those with poor health. The elderly individual may perceive their health as good but still health problems may affect their ability to be consumers of problem solving resources.

TABLE 4.—*Physical endurance*

(How far would you say you can walk without tiring?)

	Percent
3 miles plus	15.6
1 to 3 miles	32.8
Less than 1 mile	47.5
No response	4.7

An observation of table 4 reveals that a majority of the rural elderly may be restricted in their ability to physically seek out problem solving resources especially with limited transportation available. The data reveals that 47.5 percent of the rural elderly were unable to walk 1 mile. This lack of physical stamina may force some elderly to restrict their physical mobility in their environment, thus further restricting their ability to utilize available services.

The barrier categorized as self-identity and cultural norms and values is one which is difficult to concisely focus upon. This category of responses generally had to do with personal feelings toward a particular service and is exemplified by comments such as, "I've too much pride," or "Who cares about old folks?"

To aid in appreciating the elderly's impressions of self-identity, two tables will be presented and analyzed. Self-identity is more than just the elderly individuals conception of himself; it also relates to the perceptions he feels others have for him. If the elderly individual feels that others view him being less than a citizen and without rights, he will view himself in that same manner. To focus on this issue, the first table presents data on how the elderly individuals studied viewed their peers.

TABLE 5.—PERCEPTIONS OF ELDERLY INDIVIDUALS HELD BY THE RURAL ELDERLY

[In percent]

	Agree	Disagree	Depends
Most older people are annoying	11.9	63.6	24.5
The secret to successful old age is to take life easy and relax	45.6	36.8	17.6
Older people are valuable because of their experience	79.7	2.5	17.8
Older people are not useful to themselves or others	6.0	72.4	21.6

An examination of table 5 reveals that many elderly were ambivalent about their peers. For example, 24.5 percent of the rural elderly studied responded to the statement "most elderly people are annoying" that it "depends." The interesting facet of this response pattern is its ambiguity toward other elderly individuals: they may or may not be annoying. This is an indication that the elderly may feel that they are annoying to others and this conscience feeling may keep them from aggressively seeking out problem-solving resources. The next table to be presented contains data on the elderly's perceptions of their own self-image.

TABLE 6.—SELF-IMAGE OF THE ELDERLY

[In percent]

	Quite often	Sometimes	Hardly ever
Do you feel that things keep getting worse as you get older?	16.7	17.6	65.7
As you get older, do you feel less useful?	14.0	33.3	52.7

Table 6 demonstrates that the rural elderly individuals studied did not possess a productive self-image. This absence of a positive self-image may bar the rural elderly individual from consuming problem solving resources. The response pattern to the question, "As you get older, do you feel less useful?" indicates that over one-third of the elderly in the rural area said they "quite often or sometimes" did not feel useful. The elderly's apparent difficulty in maintaining a positive self-identity in an atmosphere where they are identified as being less than citizens may put constraints on their being active citizen consumers of problem-solving resources.

SUMMARY AND CONCLUSIONS

This study has presented data on barriers which obstruct the elderly from consuming problem-solving resources. The elderly population in the rural area reported they felt there were three major barriers to service utilization: (1) transportation, (2) poor health, and (3) self-identity.

The three barriers analyzed with the use of supportive data to demonstrate the individuals affected by these barriers. The analysis revealed that roughly one-third of the elderly individuals in the rural area may be barred from consuming problem-solving resources due to lack of personal transportation and poor health which will not allow them to use the resource. A major barrier may well be the high percentage who had no knowledge of services available.

This paper on barriers was exploratory in nature. The barriers analyzed and discussed were the elderly's perceptions of why they did not consume services they needed. Although empirical study will be needed before the effects of barriers to service utilization can be fully understood, several implications are evident.

This study has found that a significant percentage of the elderly are not aware that many of the social service agencies even exist. This lack of awareness about the available problem-solving resources is a paramount barrier which limits the elderly consumer in the selection of needed services. The significant point here is that present information dissemination channels are not adequately meeting their objectives. Much more use of the media should be made in informing the elderly of services, especially the newspapers.

Even the most audible and diverse system of communications may not be able to insure that those elderly who need the service will consume it. For the elderly consumers have reported the existence of barriers which actively interfere with service utilization. To reach past these barriers, to the elderly consumers, should be the responsibilty of the service providers. This may require a constant and aggressive outreach program to get the service out to the rural elderly as well as the development of more adequate transportation systems. It might be well to consider taking the service to the elderly instead of making them travel long arduous distances to the service. This latter approach, even with a well-developed transportation system, might well be a major barrier to service utilization. These programs should be designed to construct passages of hope through the barbed barriers of isolation.

With the application of these multidimensional communication and outreach systems on a continuing basis, the service providers may take the first step in treating the elderly as citizen consumers and not as custodial clients or patients.

Rural Information and Referral: Boon or White Elephant

(By Joseph B. Mann, assistant professor, Arizona State University School of Social Work)

Social services, historically, have been justified because they provide a significant contribution to the individual needs and the overall quality of their lives. For the elderly, the primary purpose of information and referral services is to link the older Americans in need of services with services available in their own communities. In rural areas, this linkage becomes more acute because the scarcity of need meeting resources as well as the geographic barriers that are inherent in a rural area. It is commonly held that rural areas suffer from the availability, quality, and accessability of services when compared with the urban areas.

The issue that needs to be raised and examined is the information and referral as a service component applicable to the rural elderly. Reaching the rural elderly with services and programs is often most difficult. Many are poor, isolated, lack education, lack the assertiveness in seeking services, choose not to accept help, lack the transportation to get to the needed services, are unorganized, and belong to few groups through which information is channeled. On the other hand, agencies often fail to aggressively advertise services and programs to allow for choice in selecting a need meeting resource.

Historically, the information and referral services has its roots in the social exchange. Williams notes in a recent article about social services exchanges, it is stated that they ". . . were organized to facilitate interagency communication through maintenance of a central confidential file of families and individuals known to social agencies. The exchange has its origins in the charity organization movement in the 1870's. Its earliest purpose was to prevent duplication in relief-giving. During recent decades, in theory at least, its major purpose has been to facilitate clearance and communication among agencies so that professional information can be shared in the interest of effective and coordinated service to the client" (Williams, 1964, p. 731).

In 1946, there were 320 exchanges in operation in the United States and Canada. By April 1963, the number had dwindled to 97. A variety of reasons is given for closing the exchanges, including: changes in casework philosophy, research indicating that communication among agencies upon receipt or registration affected an insignificant proportion of the total cases served, and decline in use by public agencies. Williams (1964) believes that "all of these reasons might be regarded as symptoms of a loss of conviction in the exchange as a necessary instrument in social services" (p. 733).

Other roots of information and referral go back to Great Britain where during and after World War II citizens advice bureaus were established by volunteers to assist persons who were disrupted by the war and assist in the reorganization of their lives after the war.

In the United States following World War II, the Department of Labor directed the operation of over 3,000 clearinghouses for information and referral with the major focus on returning veterans. These centers were phased out by 1949.

Information and referral for the aged has a more recent history as the Older Americans Act of 1965 under Title III made provisions for matching Federal grants to be given State-approved projects concerned with the delivery of services to the aged. AOA in evaluating these early information and referral services noted that in many instances "It is clear that the grantees did not conceive the essential elements nor did the State agencies generally insist on assurance that the grantees knew what was involved. Generally insist on assurance that the grantees kenew what was involved. Generally the extent to which intentions of providing information and referral services were made known was by a simple objective such as "we will provide an information and referral service" period (AOA 1968, p. 7).

Given the historical roots of information and referral services coming from primarily an urban model, one has to raise some serious questions regarding one utility of information and referral services in rural areas for the aged.

The issue is not whether rural areas should have information and referral services but how can we adapt our current models to perform more effectively the linkage role. Recognizing that each community has a different historical perspective, information and referral services need to be designed with these variations in mind, there is no model for rural areas. Each State or community also has its own unique geographic and démographic barriers.

The rural aged today are a product of a unique combination of historical, social and technological events. For many they carry much cultural baggage; for example many were immigrants or second generation immigrants. They persevered with an individualistic philosophy and a goal of maintaining their independence.

This presents the present information and referral service provided with barriers of some magnitude. These barriers make it much more difficult to reach the rural aged both geographically and socially. However, there is one major barrier to service utilization that has commonality among many rural areas and that is the barrier of information. For without the knowledge of an information and referral service the older American will not have the choice of linking with the existing needs meeting resources.

Before the aged attempts any action to meet his needs, he must have information about the availability of the service resources. In a recent study in two rural counties in Arizona the lack of knowledge of services was the primary barrier to service utilization. An average of 57 percent of the rural elderly had no knowledge of a representative group of 22 social services. Information and referral as a specific service was unknown to 80 percent. It is important to note that of the 20 percent that did have knowledge of information and referral, 50 percent did make use of the service (Mann, Means, VanDyk, 1976, p. 33).

Taietz notes that the size and structure and type of community has an impact on the knowledge the older person has of service in his community. Many times the smaller the community the more informal and the more direct experience allows the aged to have a greater knowledge, however, as the service network expands and increases in its complexity, less knowledge of service is available. (Taietz, 1975, pp. 375–362).

Thus, how we inform the elderly becomes a crucial issue to overcome the barriers of lack of knowledge. In the previously noted study in Arizona there was no simple system of communication of knowledge of services to the elderly. Both the formal (media) system, with newspaper being the best source, and the informal (friends and relatives) system were equally important channels of communication. It is important to note that of those elderly who used services, the informal system was the primary source of information (Mann, Means, VanDyk).

In conclusion, if we accept the fact that the rural aged are unique in terms of their social, historical and cultural past it makes our jobs more difficult to reach this population. Thus no one model of information and referral service will be applicable to all rural areas. We will need to continue to adapt models to our own locale and be creative in our endeavors. Even if we have a good information and referral system today, there is no guarantee that it will be good for future generations of elderly.

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ITEM 5. STATEMENT OF DR. FLORENCE S. BRAND

The elderly in every area have been helped by the implementation of the Older Americans Act. However, much more is still needed to upgrade their life-style. This is especially true of those living in rural areas, where facilities are practically nonexistent.

The basic need is for reliable data. How large a group is the so-called rural elderly? Do we know? No one, as far as we can learn, has come up with a reliable figure. We talk about the hard to reach; these are the the truly hard to reach. Therefore, outreach workers must go out and gather information so the problem can be tackled realistically. This will require funding, but will be cheaper in the long run than working in the dark.

It is difficult to pinpoint priorities in the long list of lacking wants such as transportation, health services, nutrition, housekeeping, housing, repair and maintenance, legal aid, day care, foster care, education community centers, and job training—to mention the most obvious.

Transportation cuts across the whole spectrum of needed services. In rural areas, public transportation is unavailable, bus services are sketchy between towns, roads are not always in the best of conditions. The elderly can no longer drive because of physical inability, lack of financial resources, and the unreliability of family, friends, or neighbors. Great distances to health, nutritional, shopping, recreational facilities create neglect, lonesomeness, rejection, and depression even when some financial resources exist. Transportation systems to bring the rural elderly to where facilities are is essential. The alternative is, of course, to bring the facilities to rural areas by the use of mobile units. This would be a great boon.

Housing for the rural elderly calls for more than mere shelter. Building additional units is not the answer in many cases. In some instances, moving is a traumatic experience, so keeping people in the homes, in which they have spent the major portion of their lives, may be the best solution. For this, financial subsidy, maintenance provision, housekeeper aid, etc., should be made available. Where new units need to be built, low-cost or subsidized structures are called for. Loans on easy or long-term credit should be possible. Alternatives, like group housing, cooperative living quarters, community facility-sharing should be explored.

There is a need for every elderly person in rural areas to have a telephone. If some mishap should occur, one could die before being discovered. With telephone service, a telephone reassurance system could be inaugurated.

For the rural elderly, there are scant health care facilities. Few nursing homes exist, hospitals are far away, clinics are understaffed. In some areas, pharmacies do not exist, ambulance and emergency services are beyond reach.

Mobile units are a partial answer, provided they are staffed by professionals or paraprofessionals who are able to administer medicines, inoculations, injections and allied necessities.

However, the medical profession is involved mainly in dispensing physical care, neglecting the mental, psychological, and the socioeconomic problems that are allied health concerns.

An integrated health care system, targeted toward the total person, is what is needed, especially in rural areas where there is a scarcity of specialists, psychiatrists, and social workers. Regular screenings for glaucoma, hypertension, and diabetes must be set up. Preventive medical care has been neglected too long. Long-term health care, calls for regular health examinations at no or low cost. One great neglect is in the field of dental care. Dentists are few and far between in rural areas, hard to get to, expensive, and not covered by medicare. Dentures, in many cases, are prohibitive, leading to nutritional problems.

Visiting nurses, home-health aids, therapists, could ease some of these wants. Some type of team approach, with good planning could be set up. This brought good results where peace corps developed methods of this kind in other countries.

Establishment of congregant sites in rural areas is very much the exception because of distances involved and the inability to bring the elderly to one designated place.

Mobile units, delivering meals, could be a solution. Transportation could be provided to satellite installations.

Assistance with shopping and purchasing of food is another area that has been neglected. Flagstaff has a project of this kind that seems to be working.

Providing food itself, however, is not enough. Education must go hand-in-hand, so that more can be learned concerning balance in expensive meals, high protein foods, vitamins, special diets for hypertension and diabetes.

Nutritionists, dieticians, college extension people could help in these areas. Problems faced by the rural elderly poor could, in many instances, be solved through the legal process. However, lawyers are few in rural areas; expensive

even where available and, in many instances, lack knowledge of social security, veterans benefits, food stamps, welfare programs, and such allied matters. Small claim courts are far away; transportation to them unavailable or beyond means. Frequently, bilingual aid is not available, leaving many elderly with no means of explaining their problems, wants or desires.

Day care or foster care is practically nonexistent in rural areas despite the possible need.

Community centers, service centers and other places for meeting, socialization, recreation and education are hard to find in rural areas. In cities it is easier to amass community donations, contributions from church groups, civic and fraternal orders. In small communities, these groups have a hard time providing for their own continuance and can give little aid to outsiders.

Organizations like the United Way rarely span out to rural areas. Therefore, government aid is a must, not necessarily financial aid, but the means to track down the problems and work for the solutions.

ITEM 6. PAPER PREPARED BY RUTH R. HOUGHTON, IN COORDINATION WITH ROBERT A. REED AND J. STEVEN SMITH, MARICOPA COUNTY COMMUNITY SERVICES, PHOENIX, ARIZ.

STANDARD METROPOLITAN STATISTICAL AREAS AND RELATED "GENERAL-PURPOSE STATISTICS"

The purpose of this paper is to call attention to the problems encountered by local governments in Arizona when they seek to obtain Federal funds to assist them in providing services to residents located at considerable distances from major cities.

In establishing eligibility criteria for various kinds of block grants, Federal laws make use—more or less—of definitions that were developed by the Office of Statistical Policy in the Bureau of the Budget "in order to present general-purpose statistics." The following definitions affect eligibility for Federal funds. They appear in instructions for use of 1970 Census information published by the Bureau of the Census. They are cited in many Federal statutes which establish block grant funding programs.

Definitions

Urban-rural areas.—Contain both urban and rural components. Within designated Urban-rural Areas, "urban" means:

(1) Places of 2,500 inhabitants or more incorporated as cities, boroughs, villages, and towns (except towns in New England, New York, and Wisconsin).

(2) The densely settled urban fringe, whether incorporated or unincorporated, of urbanized areas.

(3) Unincorporated places of 2,500 or more inhabitants.

"Rural" means everything not included in (1), (2), or (3) above.

Urbanized areas.—Contain a central city of 50,000 or more population plus the surrounding closely settled incorporated or unincorporated areas which meet certain criteria of population size and density.[3] "Urbanized areas differ from standard metropolitan statistical areas chiefly in excluding the rural portions of counties composing SMSA's and in excluding those places which are separated by rural territory from densely populated fringe around the central city."[3]

A standard metropolitan statistical area.—Consists of a county or group of counties containing at least one city having a population of more than 50,000, plus adjacent counties which are metropolitan in character and are economically and socially integrated with the central city.[4]

An important factor omitted from the above definitions is that of distance. In addition, an assumption is made that if a community lies within an SMSA, it is automatically "economically and socially integrated with the central city." Such an assumption is questionable.

We would have no objection to use of the definitions described above for convenience in gathering data, but we protest some of the other uses to which the definitions are put by lawmakers and Federal administrators.

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[3] See attachment 1.
[3] See attachment 1.
[4] See attachment 1.

EXAMPLES OF THE USE OF BUREAU OF BUDGET DEFINITIONS FOR PURPOSES OTHER THAN DATA COLLECTION

Housing and Community Development Act of 1974.—For purposes of allocating community development funds under the act, Maricopa County is not "rural" because it is contained within an SMSA. It's not an "urban county" either because it does not contain a population of more than 200,000 after deductions from the county population total of the populations of the 5 cities within the county which contain more than 50,000 people each.[5] Some 89,929 residents of Maricopa County live in unincorporated areas, outside the jurisdiction of any unit of local government except county government.

Of all community development funds appropriated (except for discretionary and "hold harmless" funds), 80 percent are allocated to metropolitan areas and 20 percent to nonmetropolitan areas. Primary consideration is given to metropolitan cities—those with more than 50,000 people.

The small towns of Maricopa County have a problem. Because they are defined as "urban" by virtue of their location in an SMSA, they are precluded from competing for nonmetropolitan funds. Because the Community Development Act gives preference to the five "metropolitan cities" in Maricopa County for allocations of metropolitan area funds, the remaining "units of general local government" in Maricopa County are left to compete for discretionary funds.[6]

For purposes of allocating funds for housing under the Housing and Community Development Act of 1974, every community located within an SMSA is by definition not rural.[7] Within this definition, all towns in Maricopa County are urban.

TRANSPORTATION

The Urban Mass Transit Act of 1964 uses "urbanized area" as its basic unit for the allocation of Federal funds. In section 1603(c) of that act $500 million are set aside "exclusively for assistance in areas other than urbanized areas (as defined in section 1604(a)(3))". Section 1604(a)(3) states: "The term 'urbanized area' means an area so designated by the Bureau of the Census, within boundaries which shall be fixed by responsible State and local officials in cooperation with each other, subject to approval by the Secretary, and which shall at a minimum, in the case of any such area, encompass the entire urbanized area within the State as designated by the Bureau of the Census".[8]

The "urbanized area" designated by the Maricopa Association of Governments for transportation planning contains only 17 percent of the land area of Maricopa County. (See map, attachment 2.) Three incorporated towns and several population clusters are located outside the MAG Transportation Planning Area. The incorporated towns are: Buckeye, population 2,675, 35 miles from Phoenix; Gila Bend, population 2,300, 64 miles from Phoenix; Wickenburg, population 2,908, 54 miles from Phoenix.

The unincorporated clusters outside the MAG Transportation Planning Area are Beardsley, Wittmann, Circle City, Aguila, Allenville, Harquehala Valley, Queen Creek, Higley, and East Mesa.

QUESTIONS

Does the definition in the Urban Mass Transit Act preclude use of Federal funds for transportation services in communities located outside the MAG Planning Area?

If a department within county government should apply for transportation funds to serve population clusters outside the urbanized areas, what restrictions could be expected on the use of those funds?

Would service have to be restricted to areas outside the urbanized area?

Could transportation be provided from points outside the urbanized area to points inside the urbanized area?

Could residents on the periphery of the urbanized area be served by a transportation service established primarily for residents of the communities outside the urbanized area?

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[5] Housing and Community Development of 1974: Title I, Community Development, Definitions sections 102(a)(6).
[6] U.S. Codes, title 42, section 5307, "Special Discretionary Fund," 1970 Edition, Supplement V, Jan. 21, 1971–Jan. 18, 1976.
[7] Ibid., title 42, section 1490, "Definitions."
[8] Ibid., title 49, "Transportation."

Transportation problems have become acute for elderly and handicapped individuals and for low-income families as gasoline prices have reached new highs. Development of alternatives to transportation by private automobile has become increasingly important.

EXAMPLES OF OTHER PROBLEMS CAUSED BY DEFINITIONS CITED

(1) Small municipalities are hard pressed to maintain streets, roads, and other public facilities because of inflated costs. The 12 incorporated towns in Maricopa County with populations under 10,000 might have benefited from capital improvement projects enumerated under title VI of the Comprehensive Employment and Training Act, "including construction, rehabilitation, alteration, or improvement of water and waste disposal facilities".[9] However, such projects are not permitted for any community located within an SMSA, regardless of its size.

(2) Comparisons of program costs in federally assisted programs are frequently based on designations of "urban" or "rural"—with no other factors included in the evaluation. This practice causes unit cost comparisons to be made without consideration of the special problems encountered by program operators in isolated communities, which really are rural in character (not urban), regardless of their designation by the Bureau of the Census.

We urge the Arizona Congressional Delegation and the Executive Office of the President to recognize that Arizona and other Southwestern States have problems that cannot be resolved through the application of remedies developed for heavily populated regions of Eastern United States and Pacific coastal areas. Please include our differences in your deliberations as you plan for government reorganization and for new programs.

ATTACHMENT 1.—EXCERPTS FROM U.S. BUREAU OF THE CENSUS "1970 CENSUS USERS' GUIDE"

16. Urban-rural areas (population)—According to the definition adopted for use in the 1960 census, the urban population compromised all persons living in:

(A) Places of 2,500 inhabitants or more incorporated as cities, boroughs, villages, and towns (except towns in New England, New York, and Wisconsin).

(B) The densely settled urban fringe, whether incorporated or unincorporated, of urbanized areas.

(C) Towns in New England and townships in New Jersey and Pennsylvania which contain no incorporated municipalities as subdivisions and have either 25,000 inhabitants or more, or a population of 2,500 to 25,000 and a density of 1,500 persons or more per square mile.

(D) Counties in States other than the New England States, New Jersey, and Pennsylvania that have no incorporated municipalities within their boundaries and have a density of 1,500 persons or more per square mile.

(E) Unincorporated places of 2,500 or more inhabitants.

Note: Rules (C) and (D) have been dropped for the 1970 census. Therefore, rural areas are those remaining areas not falling into one of the categories set forth by definition (A), (B), or (E).

The Bureau of the Census uses a one-digit numeric code on the summary tapes to classify enumeration districts as urban, rural, or a combination of these. The urban-rural code designations are as follows: 0=urban and 1=rural.

17. Urbanized areas (UA)—An urbanized area contains a city (or twin cities) of 50,000 or more population (central city) plus the surrounding closely settled incorporated and unincorporated areas which meet certain criteria or population size or density. Beginning with the 1950 Censuses of Population and Housing, statistics have been presented for urbanized areas, which were established primarily to distinguish the urban from the rural population in the vicinity of large cities. They differed from SMSA's chiefly in excludng the rural portions of counties composing the SMSA's and excluding those places which were separated by rural territory from densely populated fringe around the central city. Also, urbanized areas are defined on the basis of the population distribution at the time of the census, and therefore the boundaries are not permanent.

Contiguous urbanized areas with central cities in the same SMSA are combined. Urbanized areas with central cities in different SMSA's are not combined, except that a single urbanized area was established in each of the two standard consolidated areas.

Essentially the same definition criteria are being followed in 1970 as in 1960 with two exceptions.

[9] Ibid., title 29, "Labor," section 964(c)(3).

(A) The decision not to recognize selected towns in New England and townships in Pennsylvania and New Jersey as urban places under special rules will affect the definition of some areas in these States. Included in urbanized areas will be only the portions of towns and townships in these States that meet the rules followed in defining urbanized areas elsewhere in the United States. This also affects Arlington County, Va., which will be considered an urban unincorporated place rather than an urban by special rule county.

(B) A change has been introduced with regard to the treatment of extended cities (previously called "overbounded") that contain large areas of very low density settlement. The decision to distinguish between urban and rural parts of extended cities in urbanized areas and to exclude the rural parts from the urbanized areas will help to present a more accurate representation of the population that is truly urban. Approximately 60 incorporated places are involved of which about 20 are central cities. An alphabetic code "A" appearing on the census summary tapes will identify these particular areas.

Precensus planning indicated approximately 50 potential new urbanized areas. Those which prove to have a qualified central city or twin central cities in 1970 will appear in the published reports.

Maps in the metropolitan map series essentially cover the urbanized areas of SMSA's and contain all recognized census boundaries down to the block level.

Two sets of four digit numeric codes for urbanized areas are contained in the 1970 census tabulations. The potential urbanized area code will identify each record (collection of related data items) in each urban fringe zone. This zone includes all of the area which has the potential of being part of an urbanized area after the 1970 census. The actual urbanized area code uniquely identifies all records in each urbanized area. The final extent of the urbanized area and, therefore, each of the specific records that will contain this code is not determined until after the 1970 census.

The components of UA's and their specific definitional criteria are as follows:

17.1. Central city of an urbanized area—An urbanized area contains at least one city which had 50,000 inhabitants in the census as well as the surrounding closely settled incorporated and unincorporated areas that meet the criteria for urban fringe areas. (There are a few urbanized areas where there are "twin central cities" that have combined population of at least 50,000.) All persons residing in an urbanized area are included in the urban population.

17.2. Urban fringe—In addition to its central city or cities, an urbanized area also contains the following types of contiguous areas, which together constitute its urban fringe:

(A) Incorporated places with 2,500 inhabitants or more.

(B) Incorporated places with less than 2,500 inhabitants, provided each has a closely settled area of 100 dwelling units or more.

(C) Enumeration districts in unincorporated areas with a population density of 1,000 inhabitants or more per square mile. (The area of large nonresidential tracts devoted to such urban land uses as railroad yards, factories, and cemeteries is excluded in computing the population density.)

(D) Other enumeration districts in unincorporated territory with lower population density provided that it serves one of the following purposes: (1) To eliminate enclaves; (2) To close identations in the urbanized area of one mile or less across the open end; and (3) To link outlying enumeration districts of qualifying density that were no more than 1½ miles from the main body of the urbanized area.

A change in the definition since 1960 involves dropping the use of towns in the New England States, townships in New Jersey and Pennsylvania, and counties elsewhere which were classified as "urban by special rule." These areas or their parts, will qualify as part of the urbanized area only if they meet rule (C) above.

18. Standard Metropolitan Statistical Areas (SMSA's)—The concept of an SMSA has been developed in order to present general-purpose statistics. On the basis of the criteria listed below, the geographical boundaries of SMSA's are drawn by the Office of Statistical Policy in the Bureau of the Budget with the advice of representatives of the major Federal statistical agencies. A four-digit code identifies each SMSA. These codes are defined in Federal Information Processing Standard Publication, No. 8.

In 1960, there are 215 SMSA's in the United States and Puerto Rico; as of 1969, there are 233. Generally speaking an SMSA consists of a county or group of counties containing at least one city (or twin cities) having a population of 50,000 or more plus adjacent counties which are metropolitan in character and are economically and socially integrated with the central city. In New

England, towns and cities rather than counties are the units used in defining SMSA's. The name of the central city or cities is used as the name of the SMSA. (see figure 2.) There is no limit to the number of adjacent counties included in the SMSA as long as they are integrated with the central city nor is an SMSA limited to a single State; boundaries may cross State lines, as in the case of the Washington, D.C.-Maryland-Virginia SMSA.

Where the current population reports series presents statistics for the metropolitan and nonmetropolitan populations, "metropolitan" refers to persons residing in SMSA's and "nonmetropolitan" refers to persons not residing in an SMSA even though they may live in a city.

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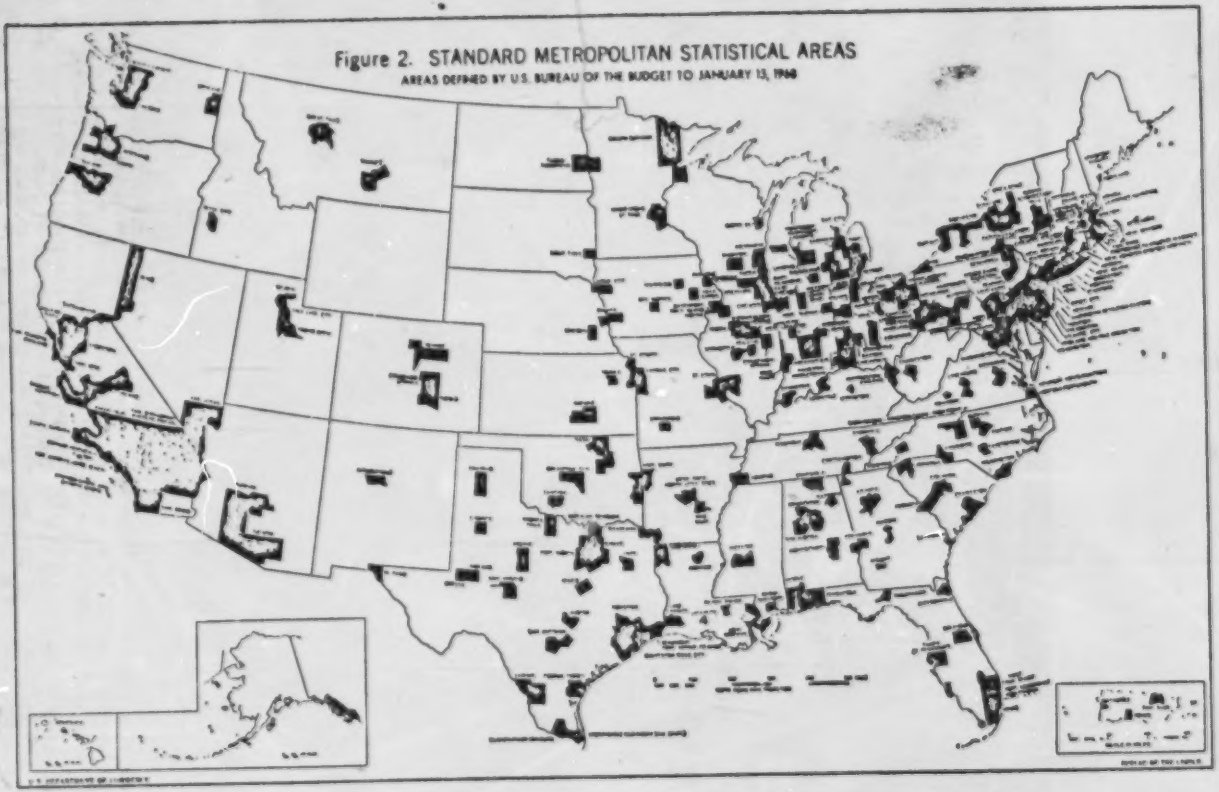


Figure 2. STANDARD METROPOLITAN STATISTICAL AREAS
AREAS DEFINED BY U.S. BUREAU OF THE BUDGET TO JANUARY 15, 1968

Criteria for SMSA's:

(A) Population size—each SMSA must include at least:

(1) One city with 50,000 inhabitants or more, or

(2) Two cities having contiguous boundaries and constituting, for general economic and social purposes, a single community with a combined population of at least 50,000, the smaller of which must have a population of at least, 15,000. If two or more adjacent counties each have a city of 50,000 inhabitants or more and the cities are within 20 miles of each other (city limits to city limits), they will be included in the same area unless there is definite evidence that the two cities are not economically and socially integrated.

(B) Metropolitan character of outlying counties—specifically, the following criteria must be met:

(1) At least 75 percent of the labor force of the county must be in the nonagricultural labor force.

(2) The county must meet at least one of the following conditions:

(a) It must have 50 percent or more of its population living in contiguous minor civil divisions having a density of at least 150 persons per square mile, in an unbroken chain of minor civil divisions with such density radiating from a central city in the area.

(b) The number of nonagricultural workers employed in the county must equal at least 10 percent of the number of nonagricultural workers employed in the county containing the largest city in the area, or the outlying county must be the place of employment of at least 10,000 nonagricultural workers.

(c) The nonagricultural labor force living in the county must equal at least 10 percent of the nonagricultural labor force living in the county containing the largest city in the area, or the outlying county must be the place of residence of a nonagricultural labor force of at least 10,000.

(C) Integration of central county and outlying counties—sufficient economic and social communication: (1) At least 15 percent of the workers living in the given outlying county must work in the county or counties containing the central city or cities of the area, or (2) At least 25 percent of those working in the given outlying county must live in the county or counties containing the central city or cities of the area.

(D) In New England, where city and town are administratively more important than the county and data are compiled locally for those minor civil divisions, cities and towns are the units used in defining SMSA's. Here, a population density criterion of at least 100 persons per square mile is used as the measure of metropolitan character and the integration criteria for the towns and cities are similar to criterion (C).

18.1 Central city of an SMSA—The largest city in an SMSA is always a central city. One or two additional cities may be secondary central cities in the SMSA on the basis and in the order of the following criteria:

(A) The additional city or cities must have a population of one-third or more of that of the largest city and a minimum population of 25,000 except that both cities are central cities in those instances where cities quality under (A)(2) of the criteria for SMSA's.

(B) The additional city or cities must have at least 250,000 inhabitants.

18.2. Ring of an SMSA—The ring is all of the SMSA that is not part of the central city itself. This concept is used in the population census to provide information on commuting patterns of workers.

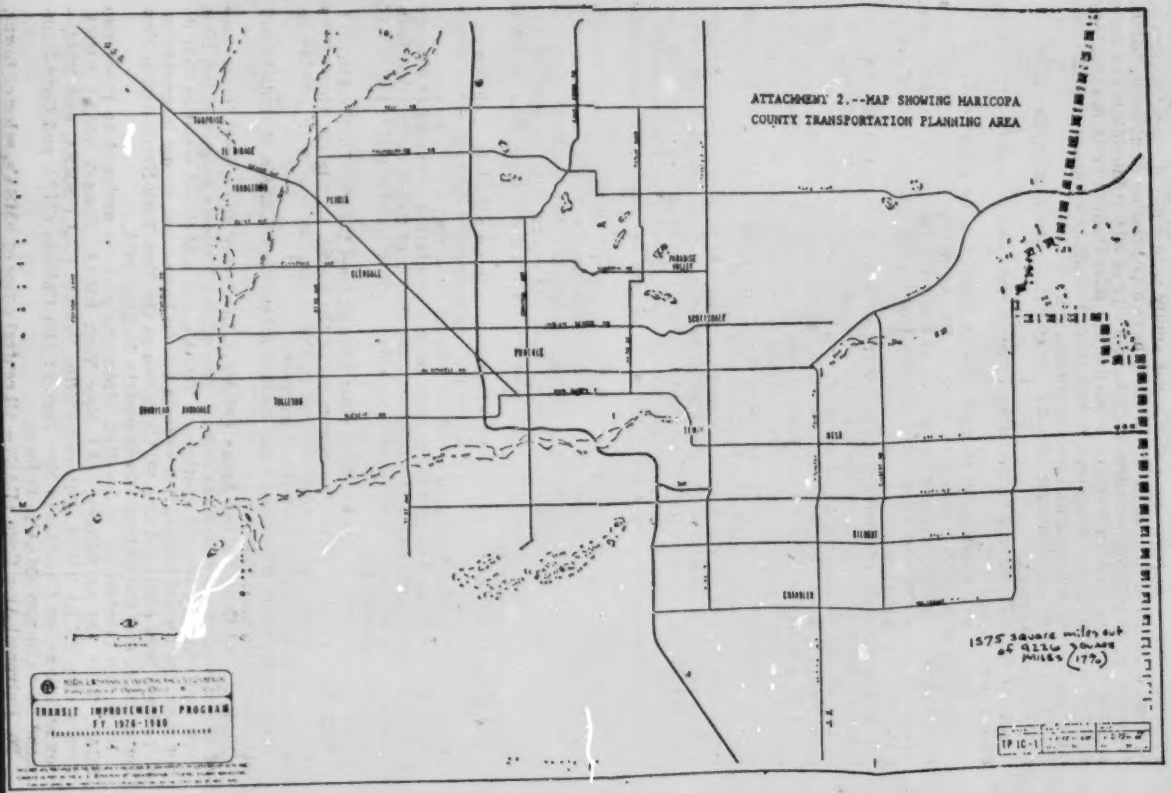
Reports from the 1970 census will include all existing SMSA's. Boundries will not be redrawn until 1972.

19. Standard Consolidated Areas (SCA's)—In view of the special importance of the metropolitan complexes around two of the Nation's largest cities, New York and Chicago, several contiguous SMSA's and additional counties that do not meet the formal integration criteria but do have other strong interrelationships have been combined into SCA's known as the New York-Northeastern New Jersey SCA, and the Chicago-Northwestern Indiana SCA.

In census tabulations, a one-digit alphabetic code is assigned to these two SCA's. They are as follows: (A) New York SMSA, Newark (N.J.) SMSA, Jersey City (N.J.) SMSA, Paterson-Clifton-Passaic (N.J.) SMSA, and Middlesex and Somerset Counties in New Jersey; (B) Chicago SMSA and Gary-Hammond-East Chicago SMSA in Indiana.

20. Universal Area Code (UAC)—All central cities of SMSA's, selected towns, and all counties and central business districts in the U.S. are assigned a five-digit numeric Universal Area Code. UAC's are assigned to each area requiring separate identification in the population census tabulations of mobility and place of work.

ATTACHMENT 2.--MAP SHOWING MARICOPA COUNTY TRANSPORTATION PLANNING AREA



The level of a UAC is indicated in the tabulations by a one-digit numeric code. The levels are: County (1), town (New England) (2), city (3), and central business district (4).

ATTACHMENT 3.—PROPOSED POPULATION DISTRIBUTION FOR MARICOPA COUNTY, 1985 AND 2000

Planning area	1975	Percent of total county	1985	Percent of total county	2000	Percent of total county	Percent increase 1975–85	Percent increase 1975–2000
Avondale	9,605	0.8	14,100	0.9	36,300	1.6	46.8	277.9
Chandler	22,659	1.8	42,500	2.6	92,700	4.0	87.6	309.1
El Mirage	3,645	.3	7,500	.5	13,500	.6	105.8	270.4
Gilbert	7,039	.6	14,700	.9	45,500	2.0	108.8	546.4
Glendale	71,316	5.7	97,700	6.1	154,800	6.7	37.0	117.1
Goodyear	4,845	.4	9,400	.6	35,900	1.6	94.0	641.0
Guadalupe	4,285	.3	5,000	.3	8,000	.3	16.7	86.7
Mesa	117,064	9.4	160,800	10.0	223,500	9.7	37.4	90.9
Paradise Valley	11,532	.9	15,800	1.0	17,400	.8	37.0	50.9
Peoria	16,673	1.3	23,400	1.5	67,700	2.9	40.3	306.0
Phoenix	698,224	56.0	802,200	49.8	1,042,100	45.4	14.9	49.3
Scottsdale	70,560	6.3	92,700	5.8	106,400	4.6	18.0	35.4
Surprise	3,400	.3	3,700	.2	6,800	.3	8.8	100.0
Tempe	94,063	7.5	162,700	10.1	184,000	8.0	73.0	95.6
Tolleson	3,778	.3	4,700	.3	19,000	.8	24.4	402.9
Youngtown	2,000	.2	2,000	.2	2,200	.1	0	10.0
Maricopa County inside urban planning area	80,632	6.5	128,745	8.0	204,200	8.9	59.7	153.2
Subtotal, urban planning area	1,229,320	98.6	1,587,645	98.5	2,260,000	98.4	29.1	83.8
Buckeye	[1] 2,675	.2	3,800	.2	8,000	.3	42.1	199.1
Gila Bend	[1] 2,300	.2	3,300	.2	4,800	.2	43.5	108.7
Wickenburg	[1] 2,908	.2	4,500	.3	8,000	.3	54.7	175.1
Maricopa County outside urban planning area	9,297	.8	12,755	.8	16,200	.7	37.2	74.3
Subtotal, remainder of county	17,180	1.4	24,355	1.5	37,000	1.6	41.8	115.4
Total	1,246,500	[2] 100.0	1,612,000	[2] 100.0	2,297,000	[2] 100.0	29.3	84.3

[1] Existing city limits only.
[2] May not add due to rounding.

Note: DES statistics. Accepted by MAG Management Committee on Aug. 17, 1977.

Appendix 2

STATEMENTS SUBMITTED BY THE HEARING AUDIENCE

During the course of the hearing, a form was made available by the chairman to those attending who wished to make suggestions and recommendations but were unable to testify because of time limitations. The form read as follows:

DEAR SENATOR DECONCINI: If there had been time for everyone to speak at the hearing on "The Nation's Rural Elderly," in Tucson, Ariz., on November 7, 1977, I would have said:

The following replies were received:

GWENDOLYN M. BEDFORD, PHOENIX, ARIZ.

The fact that the Phoenix hearing on November 12 was devoted exclusively to the problems of the Indians was an advantage not only for the Indian tribes but also for all the elderly living in rural areas because their situation, so well presented by the representatives of both the large and small tribes, is a severely aggravated version of the rural problem which must be understood by both the legislative and executive branches of the Federal Government.

The hearing schedule, however, provided no opportunity for the presentation of the problems of the rural elderly in Maricopa County in a location within the county. Despite the fact that the U.S. Bureau of the Census has designated the county as one of the two standard metropolitan statistical areas in the State, our county does indeed have a rural problem. Since this was the case, testimony in writing was prepared and hand-delivered to Ms. Lois Pfau, serving as the hearing officer in the absence of Senator DeConcini who left before testimony was completed. Copies of supplementary data not on hand on November 12 were mailed to Ms. Pfau on Monday, November 14.

Also included was a more general discussion of the Arizona rural problem.

MARIA L. CARAVEO, AJO, ARIZ.

We need funds to compensate for "Snowbirds" for at least 6 months out of the year; housing for low-income and senior citizens; transportation for all to Tucson; and medical help for all senior citizens not covered by medicare.

MR. A. DAVIS, FOREST HILLS, N.Y.

I would have said that the local community should manage most of the welfare of the aged; however, should they lack the personnel, an attempt should be made to enlist, if possible, volunteers from local colleges, especially those whose courses are related to social services. To supplement these services, the State should dispatch representatives to the local community as often as necessary. The list of old age people should be supplied by the Social Security board to the rural welfare community. Also, to have the recipients of the welfare problem to stimulate interest in other old age recipients, the Federal Government should contribute most of the cost of welfare. Federal officials should utilize accounting methods for all dollars contributed to the aged.

MOYNE DEATON, WHY, ARIZ.

I am one of the "Snowbirds" spending 8 months of the year at Why, Ariz. (11 miles from Ajo), and only 4 months in Denver. I agree Arizona should receive funds for the winter visitors to help the local sites.

Improved transportation would be a wonderful help to the senior citizens of Ajo to take them to medical facilities in Tuscon, Phoenix—a traveling bus with doctor, nurse to come in once a month or so—to check eyes, etc. Even to get to some entertainment in larger cities would be a treat. I know in Denver many things are available to senior citizens due to the fact they have vans available to transport the people.

ZETA DOVEL, WICKENSBURG, ARIZ.

We need low-cost housing, transportation for the elderly, a larger facility for serving hot meals, and recreational facilities.

MARIA C. ESCALANTE, AJO, ARIZ.

I would say that whatever Ann White and Mark Pohle said is every word the truth. It is very much what I would have said because I have seen a lot of the need in this small city of Ajo, especially at the senior citizens' hall, and at how high the property taxes are. So I thank every one of you for letting me come to this Special Committee on Aging meeting. My special thanks to Senator Domenici and Congressman Udall. I thank you all very much—all the ones that were involved.

ERMA L. FENDER, WICKENBURG, ARIZ.

Transportation, health, housing: These projects would help our area very much.

Elderly senior citizens should be able to work as long as they are able and want to, with no penalty for the amount they may earn. The Government will still receive social security moneys from all seniors that continue to work.

JAMES FENDER, WICKENBURG, ARIZ.

More transportation is needed to take the elderly shopping, to doctors, and bring them in to nutrition centers.

We also need better housing and better health services.

Let senior citizens, after the age of 62, earn all they want to and not lose any social security.

AGNES KING, APACHE JUNCTION, ARIZ.

As a volunteer in the Apache Junction meals-on-wheels program, and as a former social worker with 40 years' experience, I feel qualified to add my comments to point out the great need in this area for a homemaker program as well as an expanded meals-on-wheels program. While the present meals for the aged served in a central location to able-bodied persons have great merit, there is a much greater need for care of shut-ins who I found to be living, sometimes, in unbelievable conditions. If there is tax money to be spent, it seems to me that the need is not for the well dressed, ambulatory people who drive up in big cars, eat a good meal for 50¢, and then drive off, but rather for the really poor aged people who, through no fault of their own, are in need.

ALICE LARMEY, WILLCOX, ARIZ.

Many times local school systems would be glad to allow groups of elderly people to use their schoolbuses. But the school insurance policies do not cover

such use and the cost of a policy for such use is so high that the groups cannot afford it. Cannot the Federal Government develop a coverage at a minimal cost for elderly, disabled, etc., groups to be able to allow communities to make use of school vehicles for special trips when they are available?

LENICE M. LOSEE, WICKENBURG, ARIZ.

What the elderly is in need of is health care clinics and things in that line.
Also, the elderly need some kind of transportation, such as buses.
And what they need badly is housing for the elderly.

MARY MCGRATH, TUCSON, ARIZ.

It appears that there will be no one to represent the views of the rural elderly women at the National Women's Conference in Houston this month. Perhaps the tax dollars used for the Houston conference could have better served all of the national population by not having been spent.

GRACE L. NOVOTNY, WICKENBURG, ARIZ.

The senior citizens of Wickenburg need low-cost housing. They need transportation to get prescriptions at the drug store out at the new location west of town—too far to walk if they were even able, which they are not.

The senior citizens need transportation to airlines. The senior citizens of Wickenburg need a building large enough for recreation and a place where more people can be served warm meals at least once a day.

VIOLA F. PENNALA, TUCSON, ARIZ.

You questioned the panel about raising the earnings limitation for social security recipients who work. I happen to be one who works. I have had to lay off 6 months a year for the 4 years I have received social security and have to live on my income. I will be happy if they remove the limitation. After all, if I earn $6,000 instead of $3,000, I will be contributing that much more to the social security fund and that helps those who can't work. I also believe the minimum payments should be increased.

MR. AND MRS. HAROLD PEPPER, TUCSON, ARIZ.

Transportation is what we need in Catalina on Wilds Road off Oracle; they are cutting our hours down to 4 hours because there is not enough people coming. The reason is there is no way for them to get here. Our area covers quite a large area. Some older people that used to drive can't now.

I know of one lady that lives on Hardy Road who would love to come but her kids work and they won't let her drive. She had heart surgery and when she walks she staggers all over. We have very nice people; they like to do things. We play cards, make crafts and ceramics, do puzzles, and play pool and other games. I know the center has changed my life; I don't even need as much medicine and it gives us older people an incentive to keep our appearance nicer because we've got somewhere to go and someone to care; it seems our kids are too busy to bother with us.

ADA REYNOLDS, WICKENBURG, ARIZ.

We need transportation for elderly to new shopping centers, low-cost housing, and service to airports.

JOSEPH M. SCHAUB, SIERRA VISTA, ARIZ.

I am a senior citizen, and I appreciate all that the government, and other organizations, are doing for us, but am confused as to why the people with the last word can nullify everything.

Myself and others were dismissed from driving vans serving the elderly solely because of our age, without the benefit of a physical, a check on my driving record, character, personal habits, etc.

The reason we lost our jobs was because the insurance on us was set so high; the project said they couldn't afford it.

I would challenge my dismissal, but was told I would anger our sponsor who, I understand, we need. So I didn't take any action, as I would not do anything to jeopardize the program, as we enjoy it very much.

If anything can be done for us drivers, without harm to the project, we would appreciate it.

ANTONIO SERASIO, EL MIRAGE, ARIZ.

I think we need better transportation to pick up people. Some people have no way to get to the center. They don't know when or where they will be picked up. We would have more people if we had better transportation.

MRS. FRANK SPROUL, ELFRIDA, ARIZ.

My name is Mrs. Frank Sproul (Kay to my friends). As a title IX worker for the Cochise senior nutrition project, I have been able to become more actively interested in working with the elderly. I had worked with the I & R program for nearly 2 years and when I heard they needed a clerk-typist for the nutrition project I applied because I had worked with most of these people with the I & R program. These two programs, I & R and the nutrition project, have made me very aware of the needs of the elderly in our county—and a most urgent need in Elfrida where I reside is transportation.

Elfrida is a farming community situated about 25 miles north of Douglas and it has a population of about 600 people in a radius of about 15 miles. About one-half of these people are senior citizens. They need transportation to Douglas, Willcox, or Tucson for doctors' appointments, hospital tests, etc. A bus is no solution as appointments are at various times of the day and with different doctors.

The way RSVP (retired senior volunteer program) used to work was ideal. Retired seniors, who could still drive, would transport the elderly who had no transportation. A driver would take two or three people at a time on a certain day. The retired seniors were recompensed for their gas mileage. It gave the retired seniors something to do and made them feel needed. It also gave the retired seniors information on the needs of that community; so their purpose was two-fold. But RSVP guidelines no longer allow this and the problems with insurance have yet to be overcome.

Possible solutions:

(1) Have the Bureau on Aging find a solution on insurance for these people who transport people—perhaps group insurance.

(2) Permit RSVP to provide funds for reimbursing volunteers for mileage involved in transporting people to and from necessary services.

I wish your indulgence to consider this problem of the aged in small communities like Elfrida where massive bureaucracy is not needed but a few dollars with flexibility could be of great help and use.

BERNICE VILLA, WICKENBURG, ARIZ.

We need transportation for the elderly—especially for those who live out of town a little way. If they had transportation they would be able to take advantage of health programs and nutrition programs which are set up for the elderly.

WILLIAM H. WARNE, TUCSON, ARIZ.

We really have a great need for transportation out here in Catalina. It is impossible for us to increase the number of our participants without having some way to pick them up. We enjoy our center and would surely feel badly if it had to be closed because we have no way of transporting the elderly. I feel the need is very crucial.

PHYLLIS WEST, AJO, ARIZ.

I would say please send us help for foot service at least once a month and we also need a new bus as our bus broke down a week ago, and everyone had to wait around for 2 hours until the bus was fixed. Also we would like to have a hearing test sometime in the near future.

We also need new houses or apartments for the elderly.

I think it would be greatly appreciated if we could get legal aid.

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